Engaging community women and men in 'Each One Invites Three' to increase family planning use: Evaluation of a gendered social

Evaluation of a gendered social diffusion campaign in Rwanda

Investigators: Susan Igras, MPH Marie Mukabatsinda, RN, MA

Submitted December 2013 The Institute for Reproductive Health Georgetown University





© 2013. Institute for Reproductive Health, Georgetown University Recommended Citation:

'Each One Invites Three' to increase family planning use: Including the Standard Days' Method in Rwanda. December 2013. Washington, D.C.: Institute for Reproductive Health, Georgetown University for the U.S. Agency for International Development (USAID).

The Institute for Reproductive Health (IRH) is part of the Georgetown University Medical Center, an internationally recognized academic medical center with a three-part mission of research, teaching and patient care. IRH is a leading technical resource and learning center committed to developing and increasing the availability of effective, easy-to-use, fertility awareness-based methods (FAM) of family planning.

IRH was awarded the 5-year Fertility Awareness-Based Methods (FAM) Project by the United States Agency for International Development (USAID) in September 2007. This 5-year project aims to increase access and use of FAM within a broad range of service delivery programs using systems-oriented scaling up approaches.

This publication was made possible through support provided by the United States Agency for International Development (USAID) under the terms of the Cooperative Agreement No. GPO-A-00-07-00003-00. The contents of this document do not necessarily reflect the views or policies of USAID or Georgetown University.

The FAM Project

Institute for Reproductive Health Georgetown University 4301 Connecticut Avenue, N.W., Suite 310 Washington, D.C. 20008 USA irhinfo@georgetown.edu www.irh.org

Acknowledgements

We would like to acknowledge the following individuals for their contributions to the development and completion of this report: The Ministry of Health, in particular the Maternal and Child Health Task Force, played an important coordination and services linkage role during the campaign's implementation. Dr. Anicet Nzabonimpa of the Ministry provided strategic technical support during training and implementation phases. In addition, we thank Dr. Vianney Nizeyimana, an independent consultant who contributed to this study in terms of quality data collection, database creation, and an initial round of data analysis, as well as Amaya Cotton-Caballero of IRH, who provided support in subsequent data analysis and report-writing.

Table of Contents

Acronyms	i
List of Tables & Figures	ii
Executive Summary	iii
Overview	5
1.1 Background	5
1.2 The EOI3 Hypothesis of Social and Behavior Change	5
1.3 EOI3 in relation to scale up of SDM throughout Rwanda	5
Evaluation Questions and Methodology	6
2.1 Data sources	6
2.2 Sampling frame	7
2.3 Analysis of data	7
Evaluation Findings	7
3.1 Fidelity of the EOI3 campaign implementation	7
3.2 Effects of the EOI3 campaign on new FP user uptake	8
3.3 Characteristics of new FP users presenting at clinics with invitation cards	11
Understanding changes due to EOI3: Findings from interviews and focus group discussions	14
4.1 FP providers and the EOI3 approach	15
4.2 Men's Associations and EOI3	18
4.3 Women's Associations and EOI3	20
4.4 Couples' associations and EOI3	21
4.5 CHW Associations and EOI3	23
4.6 What aspects of the campaign motivated people to act on unmet need: Perceptions of new users	25
4.7 SDM in the context of the EOI3 campaign	26
4.8 Suggestions to make future EOI3 campaigns more effective	27
Discussion	28
5.1 Utility of the EOI3 social diffusion model	28
5.2 The FP Invitation Card as a strategy for behavior change	28
5.3 EOI3, social diffusion, and the social ecological model	29
5.4 EOI3, gender, and gender role shifts	
Conclusions	30
6.1 Did EOI3 increase FP uptake?	30
6.2 What about the campaign motivated people with unmet need to seek services?	30
6.3 Did SDM have any effects on the EOI3 campaign, in addition to being one of a range of modern FF methods on offer during the campaign?	30
6.4 Should EOI3 be expanded to new districts?	31
Appendices	31

Acronyms

CHW Community health worker

EOI3 Each One Invites Three

FAM Fertility Awareness-based Methods

FP Family planning

IRH Institute for Reproductive Health

MOH Ministry of Health

NFP Natural family planning

List of Tables & Figures

Figure 1: Cascade of training of identified associations	7
Table 1: Summary of relative engagement in EOI3 of different association types	8
Table 2: Distribution of EOI3 invitation cards by associations in each district	8
Table 3: Comparison of new FP users registered in the six months prior to campaign compared to the six	X
months during the campaign, versus the comparison district	9
Table 4: Recorded new FP users in the six months prior to campaign compared to six months during the	<u>;</u>
campaign, by type of association implementing EOI3	9
Table 5: Comparison of new FP user uptake by association type in intervention districts during the EOI3	;
campaign	10
Figure 2: Relative update of average number of new FP users over time, by type of association	10
Table 6: Socio-demographic characteristics of FP new users who received services upon presentation of	:
invitation cards during the six-month EOI3 campaign, Rwanda (n=2606)	11
Table 7: Description of women who came with invitation cards, prior use of FP and reasons for	
discontinuing an earlier method, and desired and prescribed FP methods	12
Table 8: Number of new SDM users during campaign period versus 6 months prior and percent increase	,
over baseline	13
Table 9: Analysis of association types by new SDM user uptake during the campaign period	13
Table 10: Socio-demographic and FP use profile of new SDM users (n=107)	13
Figure 3: Synthesis of Providers perceptions of changes due to EOI3 approach	17
Figure 4: Perceptions of changing men's roles in FP due to participation in EOI3	19
Figure 5: Summary of women's association perceptions of changes due to EOI3	21
Figure 6: Summary of changes observed by a couples' association	23
Figure 7: Summary of changes observed by CHW associations	25
Figure 8: Additive effects of SDM to EOI3	27

Executive Summary

Background

Although in Rwanda knowledge of family planning (FP) is no longer a barrier to using contraceptives and the use of modern contraceptive methods has increased substantially over the past five years – the 2010 contraceptive prevalence rate was 45% – unmet need remains high at 19% . Social diffusion approaches can play a unique role even beyond knowledge diffusion in breaking the social silences and inaction surrounding FP. In collaboration with the Institute for Reproductive Health (IRH) at Georgetown University, the Rwanda Ministry of Health (MOH), Maternal and Child Health Unit field-tested and evaluated the "Each One Invites Three" (EOI3) campaign, adapted from a campaign that successfully brought new users to FP in Madagascarⁱⁱⁱ. The EOI3 campaign in Rwanda worked through a variety of community-based networks – women's, men's, couples' and community health worker (CHW) networks – to reach non-FP using friends, bringing in a gendered perspective to social diffusion that was not used in Madagascar. The EOI3 evaluation assessed its effectiveness, with an eye to expansion to new districts if proven successful.

Methods

The assessment employed a quasi-experimental design using mixed methods, with data collection occurring about six months after the campaign began (September 2012) in the four intervention districts of Karongi, Gatsibo, Rulindo and Rusizi, and in Kamonyi District, which served as a comparison. Quantitative data included, in intervention and control areas, compilation of new FP user statistics from monthly service statistics reports at all health facilities for the six months prior to the campaign and during the six-month campaign period. In intervention districts, information was collected from FP registers on new FP users that presented at health clinics with an invitation card over the six-month campaign period, including socio-demographic and FP history. Qualitative information on perceived changes due to EOI3 was collected in a sample of 11 sites, including interviews with 11 service providers and 110 new FP users. Focus group discussions were held in the same sites with over 100 association members who participated in EOI3 (members from one men's association, two women's associations, one couple's association, and seven CHW associations) to assess gendered and other social changes that occurred due to the EOI3 campaign.

Results

A dramatic increase in FP use was recorded in implementation districts when comparing the six months prior to and six months during the campaign: more than 5,200 persons (a 60.5% increase in new users over the baseline) started using FP methods. The comparison district registered slightly decreased numbers of new users during campaign period. The peer-to-peer campaign motivated those who had never sought FP services before to seek services: More than seven of 10 new users (77%) had never before used FP. Discussions with stakeholders involved in EOI3 revealed observed changes at community level including more positive FP attitudes, more public discussions about FP by women and by men, and perceptions that men had new roles to play in FP besides being the woman's partner in FP use. Association respondees reported positive changes within their associations (e.g., satisfaction with greater involvement in FP to improve health and national development, increased status and greater connections with community) and between their association and local FP providers. Several change theories were put forth about why EOI3 worked so well. While social diffusion theory served as a base, the evaluation also indicated motivation changes were due to the gender role, FP, and MOH images and messages on the

invitation card itself, as well as the card's reaffirming of Rwandan culture around extending invitations and social obligations to respond.

Discussion and recommendations

EOI3 in Rwanda led to significant increases in FP uptake and FP consultations. The gendered exchange of invitation cards not only reduced sociocultural bias against talking about and acting on unmet need for FP, but also gave permission to men to talk with other men (not just women talking to women) about their FP experiences. The campaign led to improved perceptions of FP in particular. Based on this experience, we recommend that this approach be used more widely in Rwanda to promote people to talk about, reflect upon, and act on their unmet need for FP.

1. Overview

The "Each One Invites Three" (EOI3) campaign, which sought to mobilize discussions and actions through community-based networks of women, men, couples, and community health workers (CHWs) related to family planning (FP), was field-tested and evaluated using a quasi-experimental design in four selected district hospital catchment areas and one control district. The evaluation of EOI3 sought to document the effectiveness of this social diffusion innovation, with a focus on expanding it to new districts if proven successful.

1.1 Background

Georgetown University's Institute for Reproductive Health (IRH), the USAID-funded Fertility Awareness-based Methods (FAM) Project and the Maternal and Child Health Task Force in the Ministry of Health (MOH) introduced EOI3 in Rwanda in early 2012. IRH is engaged in expanding access to and use of modern, natural family planning (NFP) methods at scale, including the Standard Days Method (SDM), to increase FP options available through FP programs, and in the process, collaborating with international and national organizations to identify and implement best practices for offering these methods in FP programs.

Social and behavior communication change specialists are increasingly experimenting with new approaches that maximize diffusion of not just information but of new ideas and attitudes. EOI3, one such innovative approach, was first used in Madagascar in 2007 in a FP setting to break the social silences surrounding FP; an evaluation of the campaign indicated it led to significant update in FP use. The EOI3 approach in Rwanda was adapted to work not only with CHWs but also with civil society networks interested in health promotion, as these networks are prevalent in the country.

1.2 The EOI3 Hypothesis of Social and Behavior Change

EOI3 relies on FP users to play a mobilizing role for non-user friends. Invitation cards are given by satisfied users (occasionally pro-FP non-users participated) to friends and family, making use of personal testimonials about FP use shared amongst peers. We hypothesized that the distribution of invitation cards allows women and men to talk about their FP experience, helping break social norms about the secretive nature of FP and the limited social roles afforded men on issues regarding FP. Because the person distributing the invitation cards has a personal relationship with the person receiving the card, the message is received with greater confidence, thereby reducing cultural bias against talking and acting on desires to use contraception, which would lead to an increase in people wanting to act on unmet need, leading to a greater rate of FP uptake.

1.3 EOI3 in relation to scale up of SDM throughout Rwanda

The EOI3 approach was introduced in Rwanda with the aim of contributing to government efforts to increase the national contraceptive prevalence rate to 70% in 2015 in accordance with the fifth Millennium Development Goal of decreasing maternal mortality ratios by 75% between 1990 and 2015. The fifth Millennium Development Goal includes delaying or avoiding pregnancies as a strategy. IRH in Rwanda has been working with the MOH to scale up of the SDM of FP and a recent assessment had indicated there was a need for more community discussions on SDM vis-à-vis other methods. It was thought that since SDM is disadvantaged compared to other methods that are more widely promoted in the media, a social diffusion approach might help reduce this gap. Given that there is more scope for community-based FP outreach and

service use with the introduction of Rwanda's Community Based Provision of FP initiative, EOI3 would also contribute to FP promotion and services at community level and could help focus promotion efforts on men as key actors in social diffusion and FP promotion.

2. Evaluation Questions and Methodology

The evaluation study, using a quasi-experimental design that employed a mixed methods approach, was carried out in the four hospital districts of Karongi, Gatsibo, Rulindo and Rusizi, where the EOI3 was implemented, with Kamonyi District serving as a comparison district.

The evaluation sought to answer three main questions:

- 1. Did EOI3 lead to increased uptake of FP methods by non-users?
- 2. Did a gendered, peer network-based approach contribute to new perceptions of discussions of FP at community level, within networks, and between health workers, clients, and civil society networks?
- 3. Should EOI3 be expanded to new districts?

2.1 Data sources

2.1.1 Quantitative data

In intervention areas:

- New FP user service statistics were collected from monthly report forms at all 41 participating health facilities for the six months prior to the campaign and during the six-month campaign period,
- To develop a profile of new users inspired to seek services due to the EOI3 campaign sociodemographic and FP history was collected from clinic FP registers of FP users that presented at 11 sampled health clinics with an invitation card over the six-month campaign period.

In the control area:

• New FP user service statistics were collected from all nine health facilities in the comparison hospital district for the same six month prior/six month during EOI3 period from July 2011 to June 2012.

2.1.2 Qualitative data

In intervention areas:

- Interviews with 11 FP providers who participated in EOI3 were conducted, drawn from a purposive sample of 11 participating health centers (see selection criteria below).
- Interviews with 110 FP users who received an invitation card and then sought FP services were conducted in the same 11 facilities where providers were interviewed, drawn from a systematic sample of users (see selection criteria below).
- One focus group discussion at each of the 11 facility sites was conducted. Each facility was working with one association, and members in participating associations were invited to participate in a discussion. All association types that participated in EOI3 were included: men's association, women's associations, couple's associations, and CHW associations.

2.2 Sampling frame

Eleven of the 41 participating health centers were selected to conduct interviews with providers and FP users who had presented invitation cards, and to collect user information from FP registers (for reasons of confidentiality, providers collected information from FP registers). A purposive sample of facilities was used, to ensure that every hospital district was visited and that information would be collected from different association types. The FP provider in selected facilities was interviewed, providing she/he had participated in EOI3 training prior to the campaign. (There is usually only one FP provider per facility.) New FP users were evenly sampled across the 11 centers, with 10-11 users selected per site using a systematic sample drawn from FP registers. Users were invited to come to facilities for their interview. In addition, in each site, the participating association/network was alerted to the visit and members were invited to participate in a focus group discussion.

In the comparison district, new FP user data were compiled in all health facilities.

2.3 Analysis of data

Quantitative data were entered into a Microsoft Excel database to facilitate comparison of rates of new FP users between intervention areas and the comparison area and create a profile of new FP users who became users after presenting their cards to FP providers.

Qualitative data from focus group discussions and interviews were recorded and interviewers later compiled respondent answers into a matrix organized by discussion question to facilitate manual analysis.

3. Evaluation Findings

3.1 Fidelity of the EOI3 campaign implementation

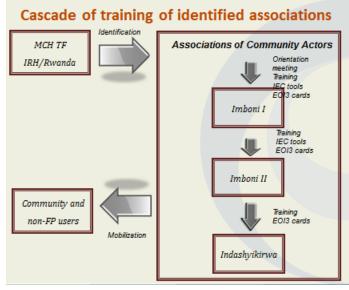
The EOI3 campaign proceeded as planned in the four districts, following the timeline initially established. Once the EOI3 approach was adapted for Rwanda – including developing and testing an invitation card – and districts and associations identified through and with whom to work, the following steps were done in all sites:

- Sensitization: Explanation of the approach to FP program partners occurred during community visits where partners operated (in addition to central level MOH departments)
- Site orientation: Meetings with FP partners and orientation of FP providers

Figure 1: Training/orientation of associations and card distributors

Association orientation: Meetings with association members

Figure 1: Cascade of training of identified associations



• Supportive supervision visits by IRH and the MOH

Figure 1 indicates the cascade of orientation/training within associations favourable to FP that led to members seeking out friends and peers, offering invitation cards to their friends and peers while engaging them in discussions about their FP use, and encouraging them to seek more information and services.

While the idea was to work with a variety of associations types interested in health issues, the most common ones were CHW and women's associations. Men's associations and couple's associations were more difficult to find and their relative engagement reflects that reality (see Table 1). To give an idea of the reach of the campaign in different districts, Table 2 summarizes data from project records of numbers of people reached and oriented and numbers of invitation cards distributed and received. (See Appendix 1 for the list of health centers and associations who participated in EOI3, including the list of those which were sampled.)

Table 1: Summary of relative engagement in EOI3 of different association types

	No	Frequency
CHW associations	32	80.0%
Women's associations	6	12.5%
Men's associations	2	5.0%
Couple's associations	1	2.5%

There is wide variation in number of members trained across the districts (Column 4), ranging from 193 to 730 people, which reflect the membership size of different associations. Averages of 4.8 cards were distributed by trained members (Column 7). The plan was that three to four cards would be distributed by each member and the analysis shows that average distribution was slightly higher than the original plan, indicating that under-performing of catalysers was not a significant issue.

The lowest and highest performing districts represented areas where CHW associations played diffusion roles, with the middle-performing districts representing areas where diffusion was through women's association (Karongi) and men's and couples' association (Rulindo).

Table 2: Distribution of EOI3 invitation cards by associations in each district

District	1 Number of FP providers	2 Number of associate members	3 Number of Imboni I and II	4 Total number of members trained	5 Number of cards received by association	6 Number of cards distributed by association	7 Average number of cards distributed by trained members	8 Number of cards received by health facilities
Gatsibo	23	134	677	730	5,068	2,583	3.5	1,255
Karongi	20	174	458	493	5,624	2,759	5.6	931
Rusizi	11	57	392	429	4,501	2,674	6.2	1,267
Rulindo	7	37	176	193	1,120	792	4.1	329
Total	61	402	1,703	1,845	16,313	8,808	4.8	3,782

(Source: EOI3 project monitoring reports)

3.2 Effects of the EOI3 campaign on new FP user uptake

3.2.1 Change in number of FP users prior to and during EOI3 campaign

It is clear that the EOI3 campaign led to significant increases in FP uptake. Table 3 shows that over 5000 new users were added to FP registers during EOI3, compared to the six months prior to the campaign,

leading to a 61% increase in new FP users. The control area (Remera-Rukoma District) showed a slight decrease (15% less new users) compared to six months prior.

Table 3: Comparison of new FP users registered in the six months prior to campaign compared to the six months during the campaign, versus the comparison district

	6 months prior	6 months of EOI3	Difference in new FP users	% change
EOI3 intervention districts	8,682	13,932	5,250	60.5
Control district	3,900	3,335	-565	-14.5

(Source: MOH facility records)

3.2.2 Analysis of FP uptake by association type

Table 4 provides a view of the differences in new FP uptake by type of community association. (All associations were involved in health activities prior to EOI3.) Areas where EOI3 was implemented by CHW associations show most effect, followed by women's associations, and then by couples' associations. Only in areas where men's associations were implementing EOI3 was an actual decrease of new FP users recorded.

Table 4: Recorded new FP users in the six months prior to campaign compared to six months during the campaign, by type of association implementing EOI3

Association Type	6 months prior	6 months of EOI3	Difference in new FP users	% Change
CHW associations	7,034	11,745	4,711	67.0%
Women's associations	1,000	1,547	547	54.7%
Men's associations	304	281	15	-7.6%
Couple's associations	344	359	-23	4.4%

(Source: MOH facility records)

3.2.3 Understanding the dose-effect dynamic

Association membership numbers varied greatly across the different associations and their reach or ability to diffuse messages would be influenced by numbers of members distributing invitations cards. An association with 12 members trained as catalyzers and equipped with invitation cards would clearly not distribute as many cards or approach peers to the same extent as an association with 100 members in any given catchment area.

To understand whether the level of coverage of EOI3 implementation affected FP uptake (dose effect), in each health district we look at the number of members trained to distribute EOI3 invitation cards (e.g. association members, Imboni I, Imboni II) as a proportion of numbers of new FP users. Table 5 shows the average number of new users per number of trained distributors. CHW associations had the greatest reach (in terms of absolute numbers of distributors). They were also most effective in bringing in new users, followed by women's associations. Men's and couples' associations seem to have a negligible effect. Note, though, that this does not mean that effectiveness was associated with membership size – the table also indicates that men's associations with greater numbers of members performed less well than couple's associations in terms of average number of new users.

Table 5: Comparison of new FP user uptake by association type in intervention districts during the EOI3 campaign

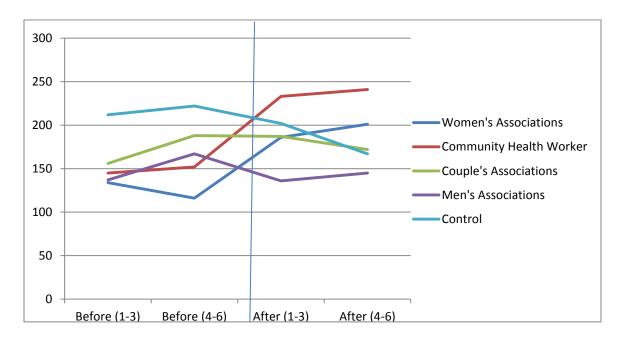
Association Type	Change in number of new users before/ during EOI3	Number of associations	Average number of new users per number of associations	Number of association members distributing cards	Average number of new users per number of distributors
CHW associations	4,711	32	147.2	1,397	3.4
Women's associations	547	5	109.4	405	1.4
Men's associations	-23	2	-11.5	113	-0.2
Couple's associations	15	1	15.0	80	0.2

3.2.4 Campaign periods at which most FP uptake occurred

At which points during the campaign did the social diffusion effect seem most pronounced? Due to the phased approach to implementation of EOI3, different health centers and associations began EOI3 interventions at different six-month time periods (there were three intervals of training). To allow comparisons of the rate of FP uptake over time, data by health centers/associations were aggregated into quarterly intervals and then average numbers of new FP users per association type were calculated for each quarter.

The resulting Figure 2, below, indicates that there was more FP update in the first three months of the campaign, particularly for CHW and women's associations, than in the second three months, although the average number of users continues to climb during the second three month period for all associations. The one exception is the couples' association, where the trend starts to decrease in the second three months of the campaign. In addition, FP uptake in areas covered by men's associations took longer to see an upward curve. Perhaps the men's associations needed more time to organize card distribution or perhaps other factors were at play, such as communities' initially viewing men's roles as FP promoters with skepticism.

Figure 2: Relative update of average number of new FP users over time, by type of association



3.3 Characteristics of new FP users presenting at clinics with invitation cards

From FP registers, it was possible to learn more about the women receiving invitation cards that sought services and opted to become FP users. Results in Table 7 provide a summary analysis, recognizing that there was some underreporting in the FP registers due to not all people who might have been motivated by the campaign to receive or bring a card to a health center and/or not all people presenting cards being noted as such in clinic FP registers. As can be seen, there is no one single typology. Although participants had an average age of 29.4 years, the wide age range of participants suggests that the EOI3 campaign appealed to a diverse age demographic. Most women who sought FP services were married. The higher proportion (27.7%) of youth below 24 years indicates a particular appeal among (married) youth. The high proportion of women with primary level education or less (95.6%) indicates that the EOI3 approach appealed to women regardless of education level and may be encouraging women of low education levels to seek FP services.

Table 6: Socio-demographic characteristics of FP new users who received services upon presentation of invitation cards during the six-month EOI3 campaign, Rwanda (n=2606)

	Frequency	Percent		
Age ¹				
15-19	91	3.5		
20-24	630	24.2		
25-29	726	27.9		
30-34	547	21.0		
35-39	363	13.9		
40-44	172	6.6		
Over 44	77	3.0		
Parity ²				
No Births	16	0.6		
1-2 Births	1,238	47.5		
3-4 Births	778	29.9		
5 or More Births	574	22.0		
Marital status				
Single	267	10.2		
Married	2,301	88.3		
Widows	22	0.8		
Divorced/separated	13	0.5		
Not mentioned	3	0.1		
Level of education				
Illiterate	324	12.4		
Primary	2,169	83.2		
Secondary	105	4.0		
University	3	0.1		
Not mentioned	5	0.2		
Profession				
Agriculture & livestock	2,538	97.4		
Salaried	48	1.8		
Commerce	9	0.3		
Others	11	0.4		
¹ Reported age ranged from 14 to 53, with mean age = 29.4. ² Reported parity ranged from 0 to 13, with mean parity = 3.1.				

Perhaps most importantly, Table 7 shows that EOI3 brought to services a high proportion of people who had never before used a FP method – more than seven out of 10 new users (77%). Women who had previously used a FP method offered reasons why: Some women felt it was time to try FP again after an undetermined period of time (no reason other than time provided). EOI3 also motivated current users – those wanting to change methods (19%) and those unhappy with side effects (13%) – to seek a new method that better responded to their needs. Thus, EOI3 is helping to address changing fertility desires and/or address method discontinuation issues prevalent in Rwanda. Finally, there is very high agreement between which methods women desired and which methods they actually received during the consultation, indicating that high quality services and informed consent were an integral part of the consultation.

Table 7: Description of women who came with invitation cards, prior use of FP and reasons for discontinuing an earlier method, and desired and prescribed FP methods

Among new FP users that presented invitation cards to FP providers during the	Number	Percent			
EOI3 campaign Ever-use of FP methods (n=2,606)					
Prior method use	602	23.2			
Never used FP method	2004	76.8			
Among ever-users, reasons to stop using earlier FP method (n=602)					
Left area	51	8.5			
Desiring a child	303	50.3			
Wanted to change method	100	16.6			
Problems with side effects	71	11.8			
Other reasons	77	12.6			
Desired method prior to visit (n=2,606)					
Pills	811	31.1			
Injections	1389	53.3			
SDM	118	4.5			
Implants	107	4.1			
Condoms	109	4.2			
IUDs	15	0.6			
Vasectomy	9	0.3			
Other natural	7	0.3			
Not specified	51	1.6			
Actual FP Method provided (n=2,606)					
Pills	796	30.5			
Injections	1346	51.6			
SDM	107	4.1			
Implants	103	4.0			
Condoms	108	4.1			
IUDs	13	0.5			
Vasectomy	9	0.3			
Other natural	73	2.8			
Not specified	41	2.0			

(Source: Facility FP Registers)

3.3.1 Characteristics of women, inspired by EOI3, who chose SDM

EOI3 clearly incited women interested in SDM to seek FP services (Table 8). There was a 58% increase over baseline in new SDM users. Overall, about 8% of women who received cards and sought services opted for SDM. Where the effect was most pronounced was in Rulindo, which not surprisingly was the base of the SDM/ NFP couple's association who implemented EOI3. Karongi District, which worked with CHWs and women's groups to implement EOI3, also showed a large increase.

Table 8: Number of new SDM users during campaign period versus 6 months prior and percent increase over baseline

District	Number of New SDM Users Before Campaign Period	Number of New SDM Users During Campaign Period	Percent Increase in Number of New SDM Users
Gatsibo	103	104	1.0%
Karongi	130	250	92.3%
Rulindo	9	36	300%
Rusizi	25	16	-36%
Kamonyi (Control)	24	26	8.3%
Total (Intervention)	267	406	52.1%

Table 9 reflects SDM uptake by type of association. CHW efforts led to the greatest number of women choosing SDM.

Table 9: Analysis of association types by new SDM user uptake during the campaign period

Association Type	Number of SDM users (n=107)	Percentage of all SDM Users
CHW associations	84	78.5%
Women's associations	13	12.1%
Men's associations	6	5.6%
Couple's associations	4	3.7%

As with the analysis of all new FP users, the characteristics of new SDM users (Table 10) indicates that there is a wide range of women interested in SDM, regardless of age and parity. A significant number of new users had never used FP before the campaign. A preponderance of women having primary school level education chose SDM, the one slight variation with the all-user profile.

Table 10: Socio-demographic and FP use profile of new SDM users (n=107)

Age	Percentage
15-19 years	0.9%
20-24	13.1%
25-29	25.2%
30-34	26.2%
35-39	14.0%
40-44	11.2%
Over 44	9.3%
Parity	
No Births	0%
1-2 Births	38.3%
3-4 Births	34.6%
5 or More Births	27.1%
Marital Status	100% Married
Education Level	

Illiterate	12.1%
Primary	78.5%
Secondary	8.4%
University	0.9%
Profession	
Agriculture	92.5%
Salaried	4.7%
Commerce	0.9%
Other	1.9%
Desired method prior to visit	
Pill	0.9%
SDM	96.3%
Condom	0.9%
Ever use of FP Methods	
Yes	30.8%
No	69.2%
Reported age ranged from 19 to 47, with mean age= 32.2 years	•
Reported parity ranged from 1 to 8, with mean parity=3.4	

4. Understanding changes due to EOI3: Findings from interviews and focus group discussions

Because of the social diffusion nature of EOI3, it was important to gather information not just from individuals who were motived by EOI3 to begin using FP but also to understand diffusion effects of the campaign at community level and dynamics that influenced people to talk about FP and to seek services. Thus, a sample of 11 FP providers, 110 FP new users, and members from one men's association [10 people], one couples' association [10 people], two women's associations [19 people], and seven CHW associations [67 people] participated in this component of the study. Although there are some similarities, responses do vary by type of association, a function of the uniqueness of different association mandates – whether focused on vasectomy and FP support (men's associations), microcredit and health (women's associations), NFP promotion (couples' associations), or preventive health associations or networks (CHW associations).

Qualitative data analysis was organized according to the main evaluation question and related subquestions that would allow for more in-depth learning about the changes that occurred due to EOI3 campaign:

- Did a gendered, peer network-based approach contribute to new perceptions and discussions of FP at 1) community level, 2) within civil society associations (networks), and 3) between health workers and civil society networks? In particular, did the campaign lead to changes in community perceptions of men's roles in FP?
- In addition, a second question was explored with new FP users who came to health centers with invitation cards to understand what about the campaign motivated people with unmet need to seek services. Recall that almost eight of every ten new users resulting from EOI3 campaign activities had never used a FP method before.

• Finally, given that increasing interest in and use of SDM was one of the underlying reasons for IRH to test an EOI3 social diffusion strategy in the first place – IRH and partners implemented EOI3 in the context of a six-year effort to scale up SDM integration into national FP services – we place attention on comments from all associations and providers about the SDM option in particular and its effect within EOI3.

4.1 FP providers and the EOI3 approach

Eleven FP service providers were interviewed, representing a sample of health centers involved in EOI3 in the four intervention districts.

4.1.1 FP provider activities in support of EOI3

FP providers who were interviewed emphasized that activities conducted by health centers supported EOI3 and made it work well, including receiving clients and in most cases (seven respondents) ensuring those arriving with invitation cards were rapidly served. For a few, funding allowed a means to travel for FP outreach activities.

Providers noted that EOI3 demanded concerted efforts with CHWs to distribute invitation cards and to monitor EOI3 activities, including training CHWs on FP methods available at village level and making home visits. This led to joint ownership of the EOI3 campaign. The campaign also increased collaboration with other health providers to handle in-coming clients. Interviewed FP providers became involved in numerous additional activities, such as organizing FP sensitization meetings with CHWs and providing FP information during village meetings, and monitoring FP users at village level, outreach activities, and collection of reports.

4.1.2 Why the EOI3 approach worked

EOI3's sensitization approach, using FP users, was the best way to convince non-users to visit health centers for FP services and due in part to FP information on the invitation cards. Providers were proud to be part of EOI3. First, they recognized a big change in number of people seeking FP. Second, they were happy to be part of an approach that was socially and culturally-relevant; the invitation cards symbolize being a 'good neighbor' and the importance of maintaining a good relationship helped motivate clients to come to the health center.

"Invitation cards are indication of respect; [they] incite others to come for FP services...facilitate understanding of FP issues and are reminders of what was learnt from FP mobilizers. The invitation cards are responding to the Rwandan culture, once you are invited you have to respond to the invitation."

Many thought that EOI3 increased FP awareness and discussion through its clear messages on invitation cards, and as a consequence, public evidence of new FP users.

"Last year, FP coverage rate was 40% and up to now it is 60%, this is because of the increase of FP public testimonials."

4.1.3 Perceptions of changes since EOI3 approach

4.1.3.1 Association - provider interactions

FP providers working together with CHWs on the EOI3 campaign had noticed changes in their relationship. Three FP providers said that their communication with CHWs on FP issues had improved: there was closer monitoring of new FP users between health centers as CHWs would accompany new clients to health centers, which also provided additional moments of interaction.

FP providers' relationships with community associations changed significantly as well.

"There is an increase of understanding of FP issues including good practices by associations."

"Not only there is an increase of FP users as a result of positive relationships with community associations, but also there is an increase of collaboration at village level between FP providers and associations."

"There is now increased confidence and FP awareness at community level."

Providers thought that working with men's associations was interesting and a new and positive experience. There was greater provider collaboration with men's associations, and by extension, providers reported an increase in vasectomy and SDM demands, both male involvement-oriented methods, which confirmed the value of working more with men (in terms of FP uptake measures).

4.1.3.2 Changes in people seeking FP services

For all but one of the interviewed providers, there was something different about women who arrived at health center with an invitation card compared to regular FP clients: While more than half of FP providers indicated that new clients were seeking the same FP methods as regular clients, those with invitation cards were aware of more FP methods. Two FP providers said that FP rumors had decreased significantly. Few men were coming with invitation cards to health centers for FP services, but providers thought this was due to the fact that most-needed male method (vasectomy) was provided at hospital level and not at health center level.

Providers also remarked that women talked more with women.

"[Before EOI3, women discussing] FP issues was usual dialogue among women at community level. [But] much more, women have been talking [about FP issues] to women during immunization campaigns and health programs; women bring their neighbors for FP services most of the time; more talk during their associations meetings about FP; and finally reference is often made to their massive involvement in the campaign."

4.1.3.3 Changes of men's engagement in FP

Providers also thought that EOI3 had led to changes in ways that women and men talked about and viewed FP. In particular, men were involved in new outreach roles and relationships between women and men had changed as a consequence:

"Clients have been saying that they didn't know that men should go for FP methods."

"[Since EOI3,] men talk more with women about FP in general ... examples include the fact that men are accompanying their wives for FP services;, men and women have been providing public testimonials [about FP use] during political meetings; most women needed permission of their husbands prior to seek FP services [but] both the man and his wife were present when FP card distributors were doing door to door visits for sensitization..."

According to FP providers, EOI3 encouraged men to talk more with men about related subjects:

"Men have been visiting health centers for FP services and have told us that they got information from their colleagues and friends, from the men's association, *Turuhure abagore bacu*, in Rulindo Zone and public testimonials on vasectomy provided by their members. There are public talks in bars and restaurants on FP issues and sometimes men have been resolving their problems themselves in the context of family size."

Furthermore, the role of men within couples seemed to be changing. Couples talked more about FP issues. Observational evidence was shared: Providers remarked that couples came together for FP services. Not only did some men remind their wives about their FP appointments but some were obtaining and taking FP methods home to their wives, e.g. oral contraceptives. However, two providers stated that they did not observe changes in couple dynamics, stating that men were still reluctant to talk about and use FP and that women were still coming in secret for FP services, and not involving their partners.

Figure 2 summarizes key changes that were remarked by providers, due to the EOI3 campaign. This summary reinforces the ecological nature of a social diffusion campaign: there is significant interconnectivity between individual, community, and health services levels.

Figure 3: Synthesis of Providers perceptions of changes due to EOI3 approach

Provider perceptions of changes due to EOI3

Individual, association, and community changes

In those seeking services

- Brings new people to FP services the HCs
- Clients more knowledgeable of FP

Provider-Associations

 Improves relationships with CHWs and other participating associations: EOI3 required coordination and a shared vision and effort

General community

- Women and men talking more about FP; in places where such discussions are not usually held
- Shared discussion and shared actions

The role of men in FP

Men as users

 Ready to receive male users of FP services, but male FP options in health centers are limited, with vasectomy available only in hospitals

Men as mobilizers

- Men can play a variety of roles in FP programs (not only as users but as mobilizers)
- Increased dialogue on FP men can talk with men

Changes in couple dynamics

 For increasing numbers of couples, FP is understood as a shared decision and action between couples: Couples seek services together. Men remind their wives of the health center appointment. Men will seek method resupplies.

4.2 Men's Associations and EOI3

Men's association participants from Kinihira health center areas, one of two men's associations that participated in EOI3, discussed their involvement in the campaign and perceptions of change.

4.2.1 Experience of the men's associations with EOI3

Respondents readily listed important activities carried out by men's associations during EOI3 including: Invitation card distribution to non-FP users, sensitizing other men about FP issues, and carrying out meetings to exchange information on FP issues. Association members reported being personally involved in EOI3: working with local authorities during the EOI3 campaign; providing FP information/training others on FP benefits during monthly community service, *umuganda*, and usual community meetings; and visiting other men in their home to share FP experiences with them.

4.2.2 Post-EOI3 reflections on the importance of FP from men's perspectives

Men's association members emphasized they had internalized (*ont captures*) the benefits of FP thanks to their involvement in EOI3. Aware of their country's poverty, they felt they had good reasons to promote FP as a pathway to socioeconomic development. They affirmed that there are many ways for men to participate in EOI3 and in FP:

"After adhering to the FP framework, we captured the benefits of it. Aware of our country's poverty i.e. our family, community are too poor to handle all social problems, they lack of sufficient land and cash to enroll in community health insurance fees (*mutuelles de santé*), and have limited access to good schools. All those are elements that justify the reasons why we opted for FP as a means of socioeconomic development and as a holistic strategy to implement countrywide."

"We all are facing the same socioeconomic problems; all men better know that they are part of FP issues [i.e., FP is not only the women's business]. Knowledge and behavior are limited for many of the citizens. However, the Government of Rwanda is encouraging people to live in health/perfect harmony of worth and health, and spacing births is an energizer/catalyst of socioeconomic development."

4.2.3 Perceptions of changes since EOI3

All men agreed that there were changes in the way community women and men view the association since their involvement in EOI3.

4.2.3.1 Association-community interactions

Men's associations were now appreciated and seen as resources for FP services. Association members affirmed that 'everyday people' – women and men – were seeking FP information from members of their men's associations, and asking how to obtain FP services. While consulted in FP issues, respondents said that they did not feel that they had a good knowledge level and wished for more information themselves. Although their association's work is often vasectomy-focused, members insisted that they provided information on other methods such as pills, injections, SDM, implants, and tubal ligation.

"Associations are providing information on modern existing FP methods. Not only are members providing information at community levels, but they are also making FP testimonials at district and national level..."

4.2.3.2 Men's associations and health centers

Association members said that relationships with health centers staff had improved significantly.

"Quality services are provided to our FP referees [arriving] with invitation cards. We are receiving written feedback from FP providers. The health center assists us by providing IEC and BCC materials. Providers consider our reports positively and we [now] have a voice in front of providers."

4.2.3.3 Changes in communities including male involvement in FP

Men's participation in EOI3 provoked changes beyond the association. Prior to the EOI3 campaign, only women were targeted by FP activities. Currently, a large number of men are involved in a variety of FP activities, and more men than before are more willing to participate in FP activities (e.g. community health activities, including preventing mother-to-child transmission services).

Men talked about changes in the way that community women and men talk about and view FP. As recounted by a 25-year-old man:

"Men talk more on FP issues with men in bars, cabarets, restaurants and during political and association meetings. Women more talk with women in association meetings, on their way from the market, from the church and they talk during evening sessions on nutrition and kitchen gardens."

No negative community changes were reported. Quite the contrary: one man reported that they were wondering why other health professionals and partners were not organizing such events in other parts of Rwanda.

Figure 4 summarizes men's perceptions of community changes including perceptions towards their association as well as perceptions of the roles men play in FP. The diagram reflects how men see themselves as actors in FP with roles similar to women's classic FP roles, but also how men see themselves as an important channel to reach other men.

Figure 4: Perceptions of changing men's roles in FP due to participation in EOI3

Perceptions of changes in men's roles in FP as observed by members of men's associations

Roles of men in FP

- Men have roles to play:
 - o In promotion and education
 - as collaborators and providers of mutual support between the health center and the men's association
- Rationale for involvement FP will help address economic problems faced by Rwanda

Changes in community views of men and men associations in FP

- Before FP was for women only, many see that FP is also for men
- More men are talking FP with men –in places where such discussions do not usually occur
- Association members are consulted by community and provides info on all methods (not just vasectomy)

4.3 Women's Associations and EOI3

Members from two women's association in Bubazi zone and Rubengera zone discussed their involvement in the EOI3 campaign and perceived changes at community and association levels.

4.3.1 Experience of women's associations with EOI3 approach

Respondents cited a variety of activities carried out by women's associations to support EOI3 including: training of card distributors, sensitization of non-FP users and working collaboratively/in association with community cooperatives. Individual members became personally involved in the EOI3 campaign by providing public testimonials and becoming exemplary models in FP matters.

"Prior to the EOI3 campaign, FP information was provided to association members individually or during community meetings... e.g. after monthly community work [umuganda]. During the campaign, [association] efforts to sensitize people on FP issues increased. FP IEC materials were available and the number of family/home visits increased."

4.3.2 Changes due to EOI3

4.3.2.1 Association-provider relationships

Almost all respondents agreed that relationships between health centers and women's associations have improved significantly. A woman in Rubengera commented:

"Yes, the relationship between our association and the health center staff has significantly increased [due to] FP public testimonies at health centers by our association members. [Our work helped to] decrease FP methods stigma with religious FP providers."

4.3.2.2 Community changes including male involvement

Community women and men viewed these women's associations differently than before and these changes were tangible. Women's associations became perceived as full-method FP resources, and individuals could seek FP information from association members. This information-seeking phenomenon became common during association meetings. Outside of the association, also, members provided information on pills, injectables, SDM, implants, IUDs and condoms. Respondents noted that men requested information more about men's methods and advocated for SDM.

Women association members reported they observed changes in the way that community women and men talk about and view FP. From their perspective, EOI3 led to changes of 'FP complementarity' by men and women. That is, there were increases in same sex discussions, although not necessarily increased mixed-sex discussions.

"...the role of men in FP issues was much more clear and tangible [than before]."

Figure 5 summarizes the above points.

Figure 5: Summary of women's association perceptions of changes due to EOI3

Perceptions of changes within and by women's association due to involvement in EOI3

Perceived role of men in FP

 'FP complementarity' now exists in FP dialogue – men talking with men and women with women, completing a missing link

Differences in community and health service perceptions

- Women's associations became viewed as full FP methods resources
- Effective and substantive collaboration (not generalized) between health centers and association
- Leading to decrease in FP stigmas by religious FP providers

4.4 Couples' associations and EOI3

4.4.1 Rukozo Couple's Association involvement in EOI3

A couples' approach to FP promotion represents a good model of gender equality at community level, and thus, there was strategic interest in involving couples' associations to see their effect during EOI3. (Quantitative findings indicate that the effect in FP uptake was negligible; it is unclear to what extent, based on the group discussion transcripts, couples made efforts to promote all methods versus NFP methods.) Results presented in this section reflect five couples who participated in the focus group discussion.

Given the association's particular focus – all member-couples were SDM users and promoted NFP – SDM figures prominently in their reflections.

"We walk our talk. During our monthly meetings at primary Catholic churches [Imiryango Remezo], we take some minutes to talk about FP benefits especially natural methods of birth spacing. Family conflicts have reduced significantly, i.e. family dialogue has increased significantly, and we respect each other. Especially women take good care of their husbands. Love, dialogue, and sex have been successful."

EOI3 activities carried out by couples' association members included: sensitizing the general population on benefits of FP, sensitizing couples on benefits of NFP, giving testimonials during public meetings on use of NFP, as well as training couples before weddings on use of child spacing methods according to Catholic Church doctrine.

"We have understood the benefits of FP and we are convinced that development is related to good health, including well-planned FP use, and that is the reason why FP should benefit all community groups countrywide."

4.4.2 Perceptions of changes due to EOI3

4.4.2.1 Association - community interactions

According to its members, the EOI3 campaign had a *focusing* effect on FP promotion at community level.

"[Before EOI3] many sensitization activities on FP issues were carried out without effective results. No coordination of FP messages being provided to the population was observed. Publically, it was prohibited for women to talk about getting pregnant... [With EOI3] couples received invitation cards to attend health clinics..."

All couples noted that relationships with couples' associations and health centers, particularly health center staff, became more collaborative. Couples pointed out that they talk more with FP providers and were receiving visits from FP providers at village level.

The association is now seen as a full-method FP resource by many in the community and people are seeking FP information from association members. Association members also noted that community members were talking publically about FP. During political and association meetings and even at house construction sites, women and men are taking time to talk about FP issues.

4.4.2.2 Perception of the changing role of men

Most discussions focused on the role of men as SDM users, not necessarily related to EOI3, with people saying that SDM made men take more responsibility for FP and improve couples' ability to talk about sex and love in the context of child spacing/SDM use.

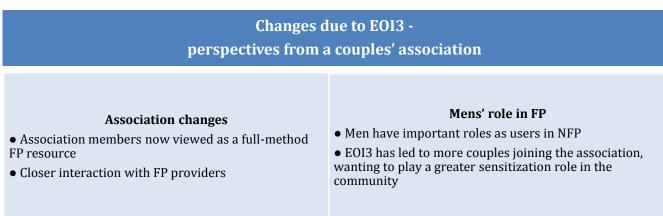
"Training has increased my husband's knowledge on FP issues and then we have started discussing FP issues freely. Family dialogue has increased on FP issues and when my husband attends a FP meeting alone, when back, he tells me the content of the meeting."

Much fewer comments were offered regarding community-level changes due to EOI3.

"FP is no longer the women's business, family dialogue increased significantly and most of people are curious to know and understand the contents of the invitation cards."

Some thought that their association's involvement in EOI3 activities led to more couples joining their association, presumably due to interest in playing a promotion role in FP. Figure 6 provides a summary of the changes observed by this couples' association.

Figure 6: Summary of changes observed by a couples' association



4.5 CHW Associations and EOI3

Focus group discussions were held with seven CHW associations that participated in EOI3. In all, 67 members participated in discussions from health center zones-of Mushaka, Humure, Kirinda, Gitoki, Muhura, Mugonero and Mwenda.

4.5.1 Experience of CHWs Associations with EOI3

The main activities carried out by CHWs' associations in support of EOI3 varied between health center catchment areas. Common activities included home visits, carrying out public meetings on FP issues to discuss FP methods and related rumors, orienting FP users to distribute cards as well CHWs themselves distributing invitation cards. In addition, some associations addressed specific FP-related issues. In Mwendo zone, for example, the association produced and distributed FP brochures. In Gitoki zone, associations worked closely with FP focal points at the Ministry of Health to coordinate outreach with services. In Kirinda zone, CHWs as FP users were motivated to carry out public testimonials. In Humure zone, CHWs accompanied interested people to health centers. In Mushaka zone, sensitization focused beyond health to increase awareness on poverty and the role of FP in poverty reduction.

The benefit to CHWs of the EOI3 approach was summarized by a CHW in Mugonero zone:

"Provision of FP services was improved by [provision of invitation cards by] these trained FP card distributors. We are no longer thinking we are the only people to provide better FP services at community level. These activities showed us the added value of trained card distributors in FP i.e. they know each other, they work with their friends, they are not necessarily elected people but they are trusted by their friends, so they are much more likely to increase the number of FP new users."

4.5.2 Why EOI3 worked: Changes in FP mobilization

CHWs thought that EOI3 allowed exchanging of FP information by FP users, an excellent way of mobilizing non FP users and motivating health-clinic attendance of new invitees. Prior to EOI3, CHWs worked without invitation cards and consequently their provision of FP services did not emphasize bringing/inviting others, an observation of the cultural importance of invitations noted earlier by providers. Likewise the invitations cards were deemed to contain important FP messages from the MOH, legitimizing community members' distribution of invitations cards.

"Invitation cards worked as hooks to fish non-FP users... some came... due to curiosity of seeing the invitation cards, that is colors of the invitation cards, their contents in terms of FP messages, the Government of Rwanda logos...convinced them that the messages brought by card distributors were coming from the Government of Rwanda's health institutions and not as individuals."

"They complete each other...Intensive training [of CHWs led to] significant increases relating to behavior on FP issues. Training users as FP card distributors...increased much more their awareness of the importance of invitation cards and [card distributors] have been asking our assistance on what types of messages to provide to non-FP users."

4.5.3 Perceptions of community changes

CHW involvement in EOI3 led to changes in the way CHW associations view themselves. Prior to EOI3, CHWs were not involved in home visits; they were limited to public meetings with potential users¹. Prior to the EOI3 campaign, there were few FP users registered each month and many users kept their use secret from others. With EOI3, though, large numbers of new FP users came forward and public dialogue on FP issues increased greatly between CHWs and potential clients, which in turn, increased the status of CHWs in the eyes of facility-based health providers.

"Our monthly FP reports [from villages] are meaningful and trusted at the health center level. Given we had a big number of invitation cards to distribute, we planned for... FP mobilization and a lot of effort were provided to reach targeted clients. We are seeing decreases in the level of FP rumors [and seeing increases in] testimonies provided publically by FP users themselves."

With the campaign, CHW associations' collaboration with health center staff increased significantly.

¹ The MOH is in the process of rolling out Community Based Provision of FP with a new cadre of CBP agents; many CHWs' roles do not yet include FP.

"Prior to the EOI3 campaign, FP providers at community level met only one or two clients per week, but... they [now] receive more than 15 clients per day. The number of consultations has increased...due to a big number of newcomers. Health centers assist us [in our work by giving us] IEC and BCC materials."

Almost all CHWs participating in the focus group discussion s agreed that changes occurred at community level. As others have noted, CHWs remarked that men talk more with men in places where they normally don't discuss FP, such as bars and during political meetings, and women more talk with women in places where they gather, including association meetings, on their way from the market, from the church, and whenever they meet for socioeconomic activities. They also talk about FP during evening sessions on nutrition and kitchen gardens. Figure 7 summarizes the changes observed by CHWs.

Figure 7: Summary of changes observed by CHW associations

Changes observed at community level by CHW association members

Perceptions of community changes

Association links to health services

• Greater collaboration and appreciation of each other; EOI3 created a more inter-related and integrated approach to FP

Association wide

- New understanding of power of non-health agents in promoting FP
- Appreciation of complementarities of CHW role vis-a-vis invitations (task shifting or sharing)

Community wide

- Women and men talk more about FP in public settings same sex groups only
- CHWs are perceived by the community having new roles in FP (versus integrated health)

4.6 What aspects of the EOI3 campaign motivated people to act on their unmet need: Perceptions of new FP users

A total number of 94 new FP users in 10 health centers were interviewed. Eight to 10 users per health center were invited from Humure, Kirinda, Rukozo, Gitoki, Mwendo, Muhura, Bubazi, Mugonero, Rubengera, and Kinihira health center, to learn what motivated them to seek FP services and to gather perceptions perceived changes within the community.

4.6.1 Users' experience with the invitations cards

Approximately two-thirds of the new FP user-respondents reported receiving invitation cards from CHWs, FP card distributors, FP providers, members of associations [e.g. couples, men and women's associations] and most reported that they did not have close relationships with those offering them FP cards. In addition, respondents noted that they did not secretly guard their invitation cards; many recipients showed and

discussed these invitation cards with their neighbors, who also opted to visit health centers to seek the same services. In some ways, then, an unexpected diffusion occurred by those *receiving* invitation cards; sharing the card motivated their close friends to seek FP services.

4.6.2 What motivated clients receiving invitation cards to go to the health center?

Clients reported that invitations cards motivated them to go to health centers or to the local community health agent for FP information. A new FP user in Mibilizi health center zone stated that invitation cards were indicators of respect and consequently motivated card receivers to seek FP services. Respondents indicated that invitations were a part of Rwandan culture: once you are invited you have to respond to the invitation, and in the context of FP, increased FP use was an expectation of the Government, as laid out its national development plan.

"The invitation cards increased community discussions on FP issues and were the best way to sensitize [communities], much... better than what CHWs have been doing...the extent to which the invitation cards were increasing community dialogue on FP issues allowed members to understand their roles in informing their relatives."

Almost all new FP users who were interviewed emphasized that they were very comfortable giving invitation cards to friends and peers who were not yet using any FP methods, because they were sharing cards with friends/colleagues that they know better and also because this activity was beneficial to all.

Users sometimes referred to wanting to respect the Government of Rwanda's national development aims, having received messages (outside of EOI3) that all citizens should be concerned with FP issues.

4.6.3 User perceptions of changes in communities' views and actions relating to FP due to EOI3

Respondents thought the EOI3 campaign led to changes in ways that community women and men talk about FP. Over three quarters of respondents indicated that men were talking more with men. In additional to places cited earlier by other respondents, men were talking with men in village meetings, when walking around their neighborhood, during men's evenings out, and on their way home from church. Women are talking more with women in places where their association meets, during visits to people's homes, during women's evenings of sitting and conversing, when they were working their fields, and when walking around the neighborhood. All respondents thought there no negative changes at community level resulting from EOI3.

4.7 SDM in the context of the EOI3 campaign

Most focus group discussions included a question on SDM, such as whether respondents thought that SDM promotion had any effect on the way community women and men view FP.

Discussions with NFP couples' association and women's association members indicated many gender equality values of SDM: its use led men and women to talk about FP and fertility desires. SDM increased women and men's knowledge of the reproductive cycle. As a visible tool, users can look at CycleBeads and know where they are in their cycles; it is not simply counting days. SDM was easy to implement and allowed couples the same understanding for successful use of SDM. A man in Rukozo, comparing SDM and

other FP methods, added that SDM had no side effects and couples had many days during the cycle to enjoy sex. In terms of a *community* approach, many respondents agreed that couples were well-placed to promote SDM given it was a couples' method.

Notably, all CHWs confirmed that SDM had increased couple *and* community dialogue on FP issues that focused on couple sexuality and also on fertility more generally (Figure 8). Some CHWs indicated that SDM promotion benefitted them in their work and in their relationships with health center staff. In Gitoki zone, SDM provided them new ways to talk about FP, such as increasing harmony in families, gaining additional commitment from churches, leading to success in response to couples' participation in FP. In Muhura zone, SDM was particularly successful in increasing public dialogue and discussion on issues of love and sexual expression through public testimonials of SDM users.

Figure 8: Additive effects of SDM to EOI3

Figure 8: Additive effects of SDM to EOI3

Increased community dialogue on non-traditional FP themes including love, sexual expression, and couple sexuality (particularly due to public testimonials by SDM users)

Provided CHW associations members new themes to explore at community level, such as fertlity awareness and increasing harmony within families

Gained additional commitment from churches, including leading to success in couples' participation in promoting and seeking services

4.8 Suggestions to make future EOI3 campaigns more effective

Because the MOH was interested in potentially expanding EOI3, depending on its effectiveness in increasing FP uptake, all who were interviewed were asked for suggestions to improve future rounds of EOI3 campaigns. There was near-unanimous approval to extend EOI3 to new districts and new associations. The benefits were many – not just in FP uptake but because EOI3 helps build confidence within the community to talk about and act on FP desires. It also increases the value of CHWs and other associations as FP actors at community level.

Creating anticipation prior to campaign arrival

- Ensure ownership of the EOI3 campaign by local authorities.
- Alert the public of the campaign prior to its beginning through mass media.
- Motivate those involved by creating a sense of friendly community rivalry.
- Organize study tours prior to the next phase of EOI3 to allow new associations to visit associations that
 already participated in the EOI3 campaign, which will facilitate the sharing of EOI3 and FP experiences
 in general.

Core elements of EOI3 strategy

- Don't change the invitation card: The invitation card created opportunities for people to express and address FP benefits and proved that it could even reach individuals and couples reluctant to use FP.
- Increase number of FP public testimonials as they seemed very effective making sure the women, men, and couples all provide testimonies. Use media to broadcast testimonials of FP users.
- Allow experienced card distributors to train new distributors (extend the cascade training approach)
- Train CHWs in FP methods that are locally available so they are better equipped to answer questions and make referrals.
- Increase the number of FP service sites or availability of providers in existing facilities to respond to increased demand for services due to EOI3.

Considerations for further segmenting the diffusion 'market'

- Create messages and invitation cards for men only.
- Use different channels to reach youth, such as organizing FP open days for youth after playing games such as football, soccer, basketball, etc.
- Promote dialogue with faith-based organizations in order to gain consensus on what to do publically vis-à-vis participation in EOI3.

5. Discussion

5.1 Utility of the EOI3 social diffusion model

The EOI3 approach, tested in four districts of Rwanda, led to an increase in new FP users, compared to the six month period prior to the campaign, and in relation to FP uptake in a comparison district that showed slightly decreased numbers of new FP users over the same time periods. Increases in new users were recorded for all methods. Very important, also, is that EOI3 campaign motivated people who had never before used FP to adopt a method of their choice.

5.2 The FP Invitation Card as a strategy for behavior change

During the six-month campaign, over 14,000 invitation cards were distributed in the four districts. The card itself appeared to very influential in creating spaces for discussions on FP that did not exist before. Culturally appropriate to Rwandan etiquette of responding to invitations when offered, not only did exchange of invitations for FP consultations lead to invited actions, the cards also allowed people to talk about their FP experience, helping break social norms and silences around talking about one's FP experiences with neighbors and peers and engaging men as well as women in such dialogues. This effectively reduced FP stigma while concurrently increasing FP awareness.

Elements of the campaign that were important to its success included:

- Training non-health professionals, reached through existing community associations, to talk about
 personal benefits of FP helped to demystify FP and promoted satisfied users as change agents in
 their social networks.
- The invitation cards themselves acted as a powerful lever for action. Containing visual, gendered messages displaying dialogue and health service seeking behaviors, images of available FP methods,

- and the presence of the MOH logo that validated its legitimacy, the cards were an excellent way to gain people's trust and move them to act to seek FP services.
- The card also facilitated dialogue between potential clients and FP providers in facility and community settings.
- Although not highlighted in the evaluation, sensitization of health system and community leaders
 prior to the campaign, followed by radio broadcasts informing communities of the campaign,
 created a sense of readiness that was useful to mobilize non FP-users to act and to be well-received
 once seeking services.

5.3 EOI3, social diffusion, and the social ecological model

EOI3 was designed to address social barriers to FP use at different levels by fostering social diffusion of ideas and learning (experiences) between individuals via associations. Once mobilized to seek services, providers were ready to respond. But evaluation findings also revealed that social diffusion occurred not just within levels, but between individual and community levels and even extended to the health services level. Interestingly, the process and pathways of invitation cards and their holders reinforced interconnectivity between levels, which may be another reason for the campaign's success.

<u>At the individual level</u>: EOI3 was effective in confronting FP rumors, which are key barriers to FP use; the involvement of FP users as messengers allowed diffusion of user experiences that confronted head-on rumors that create fears in seeking a modern method.

At the association and community level: Discussions and interviews across all stakeholder types revealed that association members of both sexes talked publicly about FP matters, in addition to distributing cards, which led to a public diffusion of ideas and experiences into community discussions. Community and individual perceptions had also grown that men could and should play different roles in FP in addition to being users or supportive partners (see next section). The most effective diffusers tended to be from CHW and women's associations – perhaps because of other roles of being trusted health advisors and the main users of FP methods, respectively. It is not often that there are couples working on sensitizing on FP, which should be a favorable factor of breaking down gender-inequitable attitudes, but evaluation findings remain unclear about the effectiveness of using NFP-focused couples for FP sensitization.

<u>At the health center</u>: The collaborative relationship of health services with community actors was perceived as the key success of the EOI3 approach. In some ways services played a socially-reinforcing role to a social diffusion approach: As people with cards were successfully served by FP providers, and returned to communities to talk about their (positive) experiences, they further reinforced diffusing of positive FP service experiences. This does reaffirm the importance of engaging health services, from the beginning, to support community promotion efforts and provide a positive service response.

5.4 EOI3, gender, and gender role shifts

While the campaign did not lead to changes in men seeking FP services at health centers, it did appear to shift community gender role expectations of men in FP, which is the more important, underlying issue to address. Men's roles in sensitization and distributing invitation cards, and in discussing FP issues with peers, were widely remarked. Respondents talked about gendered

community connectedness brought by EOI3; men and women had complementary, usually parallel, roles to play in the campaign. All respondents recognized that the participation of men in the campaign increased FP communication between men in places where such discussions rarely or never occur (bars, restaurants). The opportunity to play these new, public roles in FP allowed men to play more than gender-neutral or gender-biased roles during the campaign, and in the process, to break gender roles that reaffirm that "FP is for women only" (Lundgren, et al., 2005, Sikond 2007).

6. Conclusions

6.1 Did EOI3 increase FP uptake?

The campaign was remarkably effective. Although only operational for six months, a 61% increase in new FP users was recorded for the baseline measure of six months prior to the campaign. Comparison of user uptake with a district that did not implement EOI3 revealed a slight decrease, affirming that the increases seen in the intervention districts were due to the campaign. Those motivated to actually seek services after receiving an invitation card were mostly people who had never before used FP methods (77%).

One question raised by the analysis is how long such a campaign should be sustained. Even with a relatively short six-month duration, rates of new user uptake were more pronounced in the first three months of the campaign and then started to taper off in the second three month period, so one should assume this campaign should not be long-term. At some point the campaign costs will outweigh its benefits.

6.2 What about the campaign motivated people with unmet need to seek services?

Clearly the campaign resonated with many people who had unmet need for FP, which is itself a core motivator for seeking services. In addition, many socially-related reasons were cited by those who received cards and consequently became FP users. Peer outreach was critical, of course; other cited motivating factors were linked to the invitation card itself, which resonated culturally with making invitations and social obligations to respond, gendered images and messages, and the presence of the MOH logo that legitimized a FP campaign done by non-health providers.

The campaign strategy most definitely broke down silences on FP by both women and men. Women's and men's involvement at community level in EOI3 led to changes in FP attitudes and public discussion about FP and men's roles in FP promotion and use. The participation of civil society, health-focused associations in the campaign led to interpersonal and inter-association changes - within the association, between the association and surrounding community, and between health services and associations. Having women and men's associations serve as a central linkage and resource between health facilities receiving clients and community women and men favorable to FP, created a reinforcing dynamic that kept discussions, hence the campaign, vibrant and alive.

6.3 Did SDM have any effects on the EOI3 campaign, in addition to being one of a range of modern FP methods on offer during the campaign?

From discussions with all groups and providers, SDM did play a unique role in promoting public dialogue on FP. Discussing SDM naturally led to discussions on fertility (the basis for FP methods), sexuality and the social context of sexual relationships, themes typically not discussed in relation to most FP methods. In this way, then, SDM allowed the breaking of additional public silences around sex and sexuality and a larger constellation of factors relating to FP decision-making and acting on unmet need.

6.4 Should EOI3 be expanded to new districts?

Given the significant success in terms of FP uptake and increasing public dialogue and gendered roles in FP, the ease of implementing the campaign, and the positive experiences of those involved in the campaign at all levels, we recommend scaling up the campaign countrywide. EOI3 should not be permanent activity but a time-bound communication campaign. Such campaigns will lead to increased FP use for sustainable socioeconomic development of Rwanda.

ⁱ FHI Research Brief: Expanding contraceptive use in Rwanda. 2011. Chapel Hill, NC: Family Health International

ii National Institute of Statistics of Rwanda (NISR) [Rwanda], Ministry of Health (MOH) [Rwanda], and ICF International. 2012. Rwanda Demographic and Health Survey 2010. Calverton, Maryland, USA: NISR, MOH, and ICF International.

iii http://www.jhuccp.org/hcp/countries/madagascar_samia.html (accessed 10 Dec 2013)

Appendix 1: Intervention Sites of EOI3

NB: ' $\sqrt{}$ ' indicates health center and association selected for evaluation visit.

Province	District	District Hospital	Participating Health Center (n=41*)	Implementing Association (n=40)	
West Karongi	Karongi	Kibuye	Rufungo, Police Karongi	Rugabano / Guide group	
		,	Rubengera	Rubengera/Guide group	V
			Kibuye HC + Bubazi HC	Bwishyura/Guide group	V
			Birambo	Gashari/Guide group	
			Muguba	Gishyita/Guide group	
		Mugonero	Mugonero	Mugonero/CHWsAssoc	V
			Mpembe	Mpembe/ CHWs Assoc	
			Gisovu	Gisovu/ CHWs Assoc	
			Bisesero	Bisesero/ CHWs Assoc	
			Gatare	Gatare/ CHWs Assoc	
		Kilinda	Birambo	Birambo / CHWs Assoc	
			Mwendo	Mwendo CHWs Assoc	V
			Kilinda	Kilinda/ CHWs Assoc	1
			Rugabano	Rugabano CHWs Assoc	
			Munzanga	Munzanga / CHWs Assoc	
	Rusizi	Mibilizi	Mibilizi	Mibirizi /CHWs Assoc	
		-	Bugarama Muganza	Bugarama Muganza /CHWs Ass	
			Mushaka	Mushaka/ CHWs Assoc	V
North	Rulindo	Rutongo	Kinihira	Turuhure Abagore Bacu Associations	ν
				(men's assoc)	
			Rukozo	CycleBeadsCouples Associations	V
East	Gatsibo	Kiziguro	Muhura	Muhura/CHW Assoc	V
			Gitoki	Gitoki/CHWs Assoc	
			Rugarama	Rugarama/CHWs Assoc	
			Rwimbogo	Rwimbogo/CHWs Assoc	
			Kabarore	Kabarore/CHWs Assoc	
			Gitoki	Gitoki/CHWs Assoc	
			Bugarura	Bugarura/CHWs Assoc	
			Gasange	Gasange/CHWs Assoc	
			Rwimitereri	Rwimitereri/CHWs Assoc	٧
			Gakenke	Gakenke/CHWs Assoc	
			Kiziguro	Kiziguro/CHWs Assoc	
			Humure	Humure/CHWs Assoc	٧
		Ngarama	Ngarama	Ngarama /CHWs Assoc	
			Kageyo	Kageyo/CHWs Assoc	
			Gatsibo	Gatsibo//CHWs Assoc	
			Gituza	Gituza/CHWs Assoc	
			Nyagahanga	Nyagahanga /CHWs Assoc	
			Nyagihanga	Mens Association	
			Kibondo	Kibondo/CHWs Assoc	
			Camp Nyabiheke	Nyabiheke//CHWs Assoc	

^{*}Note that the Kibuye Guides Association served two adjacent health centers, Kibuye and Bubazi. Kibuye Health Center was included in the evaluation sample of visited facilities.

Appendix 2: Interview and focus group discussion guides

Focus Group Discussion Guide For Men Involved in EOI3 Community Activities

Inyobora biganiro by'amatsinda y'abagabo bagize uruhare mugushyira mu bikorwa gahunda ya: "Buriwese Atumira Batatu EOI3"

Health Center linked to the Associations:
Ikigo-nderabuzima gikorana n'ishyirahamwe:
Association represented in FGD:
Ishyirahamwe rihagarariwe mu kiganiro:
Number of FGD participants:
Umubare w'abitabiriye ikiganiro:
Date of discussion:
Itariki ikiganiro cyabereyeho:////[JJ/MM/YYYY]
Location of discussion:
Aho ikiganiro cyabereye:
Interviewer:
Uyoboye ibiganiro:

Objectives: Intego

tradition of the Palacitic that Assessant and

- Understand how associations and their male members participated in EOI3.
 Kumva neza uko amashyirahamwe n'abagabo bayagize bagize uruhare muri kampanye "Buri wese atumire batatu (EOI3)"
- Gather reflections about whether their participation led to:
 Gukusanya ibitekerezo hagamijwe kureba niba uruhare rwabo rwaratumye habaho:
 - Individual/personal changes (eg, in view of self as an actor in FP, in how they relate to other men and with women about FP issues, and how they relate to family members including spouse), and,
 - Imihindukire y'umuntu ku giti cye (urugero, kwiyumvamo nk'umuntu w'inararibonye mu kuboneza urubayaro, uko bitwara imbere ya bagenzi babo b'abagabo cg se imbere y'abagore babaturanyi mu bijyanye no kuboneza urubyaro, n'uko babana n'abandi bagize imiryango yabo harimo n'abagore babo), ndetse n',
 - b. Association changes (eg, whether men and women in the community view the association differently, whether men talk more about FP in their associations, whether association member attitudes towards FP / SDM have changed, whether member relationships with health centers have changed).
 - Imihindikire y'ishyirahamwe (aha twavuga niba abaturage baba abagabo cg se abagore niba babona ko hari icyahindutse mu ishyirahamwe kuva iyi gahunda yatangira gushyirwa mu bikorwa), tukareba niba abagabo baganira kenshi mu bijyanye no kuboneza urubyaro mu mashyirahamwe yabo, tukareba niba abagize amashyirahamwe hari icyo bahindutseho mu kuboneza urubyaro/harimo no gukoresha urunigi, tukarebera hamwe n'iba imibanire y'amashyirahamwe n'ibigo nderabuzima yarahindutse).

3. Gather perceptions about whether EOI3 campaign led to community changes (eg, whether EOI3 has led to changes in talking about FP, whether men talk more with men, with women, with their partners about FP).

Gukusanya imyumvire mu bijyane n'iba Kampanye ya "Buri wese atumire batatu (EOI3)" hari icyo yahinduye mu baturage (urugero, niba kampanye ya "Buri wese atumire batatu (EOI3)" yaragize icyo ihindura mu kuganira mu bijyanye no kuboneza urubyaro, niba byarongeye imishyikirano hagati y'abagabo bakabiganiraho kenshi, cg se abagabo bakabiganiraho kenshi n'abagore cg se bakabiganiraho kenshi n'abo bashakanye.)

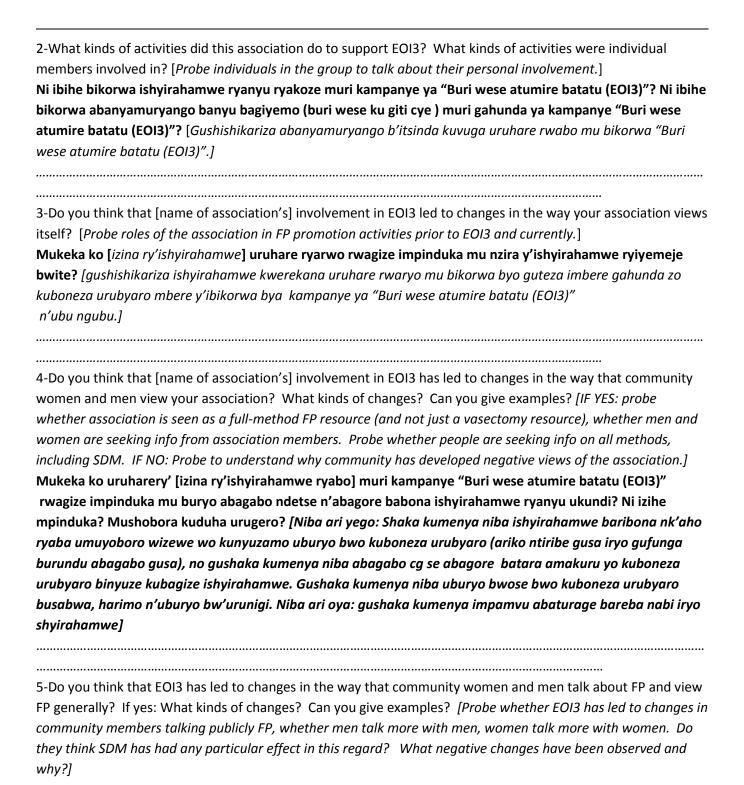
Introduction/ Consent: Iriburiro/Kubyumva kimwe

We are doing an evaluation of EOI3 campaign and as part of the evaluation we are interviewing and holding discussions here and in other communities where EOI3 operated. Your association has been very involved in EOI3 and we would like to talk with you about how you contributed to the campaign and would like to hear your opinions on what changes you observed that occurred because of EOI3.

Turakora isuzuma-bikorwa rya Kampanye ya "Buri wese atumire batatu (EOI3)" ni muri urwo rwego tuganira kandi tukajya impaka n'abagize amashyirahamwe hano iwanyu ndetse n'ahandi hose iyo kampanye yakorewe mu gihugu. Ishyirahamwe ryanyu ryagize uruhare rugaragara akaba ariyo mpamvu dushaka kuganira ku ruhare rwanyu muri iyo kampanye bityo tukaba tugamije kumva neza ibitekerezo byanyu ku mpinduka zaje bitewe na kampanye ya "Buri wese atumire batatu (EOI3)".

We will respect confidentiality and when we share findings later, we will not mention names of any participants. Tuzababikira ibanga kandi ibizava muri iri suzuma bikorwa tuzabibagezaho, nta na rimwe tuzavuga amazina y'abagize uruhare muri iri suzuma bikorwa.

Do you agree to be part of this FGD? (Seek written consent of all participants.)
Mutwemereye kugira uruhare muri ibi biganiro mpaka? (guharanira kubona umukono w'abaje bose mu
kiganiro) : Yego:Oya:
Do you agree to my recording this discussion? (Seek written consent of all participants.)
Mutwemere gufata amajwi iki kiganiro mpaka? (guharanira kubona umukono w'abaje bose mu kiganiro)
Yego:Oya:Oya:
Questions: Ibibazo:
1-Tell me about [name of association] – what is its aim, membership, etc - and why your group decided to
became involved in EOI3.
Mumbwire izina ry'lshyirahamwe ryanyu-Icyo igamije, uko bayijyamo, ibindi- n'impapmvu nyamukuru
yatumye ishyirahamwe ryanyu ryemera kugira uruhare mu bikorwa bya kampanye "Buri wese atumire batatu
(EOI3)".



Murakeka ko kampanye ya "Buri wese atumire batatu (EOI3)" yaba yarazanye impinduka mu baturage ku buryo abagore n'abagabo baganira kenshi kubijyanye no kuboneza urubyaro ndetse n'imyumvire ubwayo yo kuboneza urubyaro ikaba yarahindutse muri rusange? Niba ari yego: ni izihe mpinduka? Mushobora kuduha ingero? [gushaka kumenya niba kampanye ya "Buri wese atumire batatu (EOI3)" yarangize impinduka mu baturage ku buryo baganira ku mugaragaro mubijyanye no kuboneza urubyaro, ku buryo abagabo hagati yabo babiganiraho kenshi, ndetse n'abagore hagati yabo bakabiganiraho kenshi. Mwaba mukeka ko urunigi

ubwaryo ryaba ruganirwaho na bose kandi kenshi muri ubu buryo twavuze haruguru? Ni izihe mpinduka mbi zabonetse n'impamvu yazo?]
6-Do you think that [your association's] relation with the [name local health center] has changed in any way? Please describe how. Mukeka ko [izina ry'ishyirahamwe] mu mibanire yayo n'ikigo nderabuzima yaba yarahindutse ku buryo ubwo aribwo bwose? Mutunyuriremo muri make uko byifashe kubera iyo kampanye.
7-IF EOI3 WAS A POSITIVE EXPERIENCE: Now that you have had experiences with EOI3, are there other FP activities that you are talking about taking on as [name of association]? Please describe your plans and why you have decided you now want to undertake these particular activities. NIBA KAMPANYE "Buri wese atumire batatu (EOI3)" IFITE UBUNARARIBONYE: Ubwo rero mufite ubunararibonye buturuka kuri Kampanye ya "Buri wese atumire batatu (EOI3)" mubijyanye no gushishikariza abaturage kwitabira gahunda zo kuboneza urubyaro, haba se hari ibindi bikorwa byo kuboneza urubyaro mwaba mwaraganiriyeho mu ishyirahamwe ryanyu muteganya gukora mu minsi iri imbere? Mutubwire imigambi yanyu n'impamvu mwafashe icyemezo cyo gukora ibyo bikorwa bindi byihariye.
8-There is interest in some quarters to extend EOI3 to new districts. Do you have any suggestions to make EOI3 work better? Turabona ari byiza gukomeza kampanye ya "Buri wese atumire batatu (EOI3)"mu tundi turere. Mwaba se mufite ibitekerezo byatuma kampanye ya "Buri wese atumire batatu (EOI3)" yagenda neza kurushaho muri utwo turere dushya?
Do you have any questions for me? Mufite se ikibazo cyo kumbaza mbere y'uko dutandukana?
Thank you for your time and ideas. Murakoze ku gihe cyanyu mwigomwe n'ibitekerezo byanyu byiza mwatugejejeho.

Focus Group Discussion Guide
For Women Involved in EOI3 Community Activities
Inyobora biganiro by'amatsinda y'abagore bagize uruhare mugushyira mu bikorwa gahunda ya: "Buriwese
Atumire Batatu EOI3"

Health Center linked to the Associations:

Ikigo-nderabuzima gikorana n'ishyirahamwe:
Association represented in FGD:
Ishyirahamwe rihagarariwe mu kiganiro:
Number of FGD participants:
Umubare w'abitabiriye ikiganiro:
Date of discussion:
Itariki ikiganiro cyabereyeho://[jj/mm/yyyy]
Location of discussion:
Aho ikiganiro cyabereye:
Interviewer:
Uyoboye ibiganiro:

Objectives: Intego:

- Understand how associations and their Female members participated in EOI3.
 Kumva neza uko amashyirahamwe n'abagore bayagize bagize uruhare muri kampanye "Buri wese atumire batatu (EOI3)"
- Gather reflections about whether their participation led to:
 Gukusanya ibitekerezo hagamijwe kureba niba uruhare rwabo rwaratumye habaho:
 - a. Individual/personal changes (eg, in view of self as an actor in FP, in how they relate to other men and with women about FP issues, and how they relate to family members including spouse), and,
 Imihindukire y'umuntu ku giti cye (urugero, kwiyumvamo nk'umuntu w'inararibonye mu kubanga urubayaro uko bitwara imbero ya bagonzi babo b'abagabo, og so imbero ya bagonzi babo b'abagabo.

kuboneza urubayaro, uko bitwara imbere ya bagenzi babo b'abagabo cg se imbere y'abagore babaturanyi mu bijyanye no kuboneza urubyaro, n'uko babana n'abandi bagize imiryango yabo harimo n'abagore babo), ndetse n',

Association changes (eg, whether men and women in the community view the association differently, whether men talk more about FP in their associations, whether association member attitudes towards FP / SDM have changed, whether member relationships with health centers have changed). Imihindikire y'ishyirahamwe (aha twavuga niba abaturage baba abagabo cg se abagore niba babona ko hari icyahindutse mu ishyirahamwe kuva iyi gahunda yatangira gushyirwa mu bikorwa), tukareba niba abagabo baganira kenshi mu bijyanye no kuboneza urubyaro mu mashyirahamwe yabo, tukareba niba abagize amashyirahamwe hari icyo bahindutseho mu kuboneza urubyaro/harimo no gukoresha urunigi, tukarebera hamwe n'iba imibanire y'amashyirahamwe n'ibigo nderabuzima yarahindutse).

- 3. Gather perceptions about whether EOI3 campaign led to community changes (eg, whether EOI3 has led to changes in talking about FP, whether men talk more with men, with women, with their partners about FP).
 - Gukusanya imyumvire mu bijyane n'iba Kampanye ya "Buri wese atumire batatu (EOI3)" hari icyo yahinduye mu baturage (urugero, niba kampanye ya "Buri wese atumire batatu (EOI3)" yaragize icyo ihindura mu kuganira mu bijyanye no kuboneza urubyaro, niba byarongeye imishyikirano hagati y'abagabo bakabiganiraho kenshi, cg se abagabo bakabiganiraho kenshi n'abo bashakanye.)

Introduction/ Consent: Iriburiro/Kubyumva kimwe

We are doing an evaluation of EOI3 campaign and as part of the evaluation we are interviewing and holding discussions here and in other communities where EOI3 operated. Your association has been very involved in EOI3 and we would like to talk with you about how you contributed to the campaign and would like to hear your opinions on what changes you observed that occurred because of EOI3.

Turakora isuzuma-bikorwa rya Kampanye ya "Buri wese atumire batatu (EOI3)" ni muri urwo rwego tuganira kandi tukajya impaka n'abagize amashyirahamwe hano iwanyu ndetse n'ahandi hose iyo kampanye yakorewe mu gihugu. Ishyirahamwe ryanyu ryagize uruhare rugaragara akaba ariyo mpamvu dushaka kuganira ku ruhare rwanyu muri iyo kampanye bityo tukaba tugamije kumva neza ibitekerezo byanyu ku mpinduka zaje bitewe na kampanye ya "Buri wese atumire batatu (EOI3)".

We will respect confidentiality and when we share findings later, we will not mention names of any participants. Tuzababikira ibanga kandi ibizava muri iri suzuma bikorwa tuzabibagezaho, nta na rimwe tuzavuga amazina y'abagize uruhare muri iri suzuma bikorwa.

Do you agree to be part of this FGD? (Seek written consent of all participants.)				
Mutwemereye kugira uruhare muri ibi biganiro mpaka? (guharanira kubona umukono w'abaje bose mu				
kiganiro) Yego :Oya :Oya :				
Do you agree to my recording this discussion? (Seek written consent of all participants.)				
Mutwemere gufata amajwi iki kiganiro mpaka? (guharanira kubona umukono w'abaje bose mu kiganiro)				
rego :Oya :Oya :				
Questions: Ibibazo:				
L-Tell me about [name of association] – what is its aim, membership, etc - and why your group decided to became involved in EOI3.				
Mumbwire izina ry'lshyirahamwe ryanyu-Icyo igamije, uko bayijyamo, ibindi- n'impapmvu nyamukuru				
yatumye ishyirahamwe ryanyu ryemera kugira uruhare mu bikorwa bya kampanye "Buri wese atumire batatu EOI3)".				
2-What kinds of activities did this association do to support EOI3? What kinds of activities were individual members involved in? [<i>Probe individuals in the group to talk about their personal involvement</i> .]				
Ni ibihe bikorwa ishyirahamwe ryanyu ryakoze muri kampanye ya "Buri wese atumire batatu (EOI3)"? Ni ibihe				
pikorwa abanyamuryango banyu (buriwse ku giti cye) bagiyemo muri gahunda ya kampanye "Buri wese				
atumire batatu (EOI3)"? [Gushishikariza abanyamuryango b'itsinda kuvuga uruhare rwabo mu bikorwa "Buri				
wese atumire batatu (EOI3)".]				
tself? [Probe roles of the association in FP promotion activities prior to EOI3 and currently.]				
isch: [rrobe roles of the association in rr promotion activities prior to Lois and carrellity.]				

Mukeka ko [izina ry'ishyirahamwe] uruhare ryarwo rwagize impinduka mu nzira y'ishyirahamwe ryiyemeje bwite? [gushishikariza ishyirahamwe kwerekana uruhare rwaryo mu bikorwa byo guteza imbere gahunda zo kuboneza urubyaro mbere y'ibikorwa bya kampanye ya "Buri wese atumire batatu (EOI3)" n'ubu ngubu.]
4-Do you think that [name of association's] involvement in EOI3 has led to changes in the way that community women and men view your association? What kinds of changes? Can you give examples? [IF YES: probe whether association is seen as a full-method FP resource (and not just a vasectomy resource), whether men and women are seeking info from association members. Probe whether people are seeking info on all methods, including SDM. IF NO: Probe to understand why community has developed negative views of the association.] Mukeka ko uruharery' [izina ry'ishyirahamwe ryabo] muri kampanye "Buri wese atumire batatu (EOI3)" rwagize impinduka mu buryo abagabo ndetse n'abagore babona ishyirahamwe ryanyu ukundi? Ni izihe mpinduka? Mushobora kuduha urugero? [Niba ari yego: Shaka kumenya niba ishyirahamwe baribona nk'aho ryaba umuyoboro wizewe wo kunyuzamo uburyo bwo kuboneza urubyaro (ariko ntiribe gusa iryo gufunga burundu abagabo gusa), no gushaka kumenya niba abagabo cg se abagore batara amakuru yo kuboneza urubyaro binyuze kubagize ishyirahamwe. Gushaka kumenya niba uburyo bwose bwo kuboneza urubyaro busabwa, harimo n'uburyo bw'urunigi. Niba ari oya: gushaka kumenya impamvu abaturage bareba nabi iryo shyirahamwe]
5-Do you think that EOI3 has led to changes in the way that community women and men talk about FP and view FP generally? If yes: What kinds of changes? Can you give examples? [Probe whether EOI3 has led to changes in community members talking publicly about FP, whether men talk more with men, women talk more with women.] Murakeka ko kampanye ya "Buri wese atumire batatu (EOI3)" yaba yarazanye impinduka mu baturage ku buryo abagore n'abagabo baganira kenshi kubijyanye no kuboneza urubyaro ndetse n'imyumvire ubwayo yo kuboneza urubyaro ikaba yarahindutse muri rusange? Niba ari yego: ni izihe mpinduka? Mushobora kuduha ingero? [gushaka kumenya niba kampanye ya "Buri wese atumire batatu (EOI3)" yarangize impinduka mu baturage ku buryo baganira ku mugaragaro mubijyanye no kuboneza urubyaro, ku buryo abagabo hagati yabo babiganiraho kenshi, ndetse n'abagore hagati yabo bakabiganiraho kenshi.
6-Do you think SDM has had any particular effect in this regard? If yes: Why? If no: what negative changes have you observed and why do you think this is occurring? Mwaba mukeka ko urunigi ubwaryo ryaba ruganirwaho na bose kandi kenshi muri ubu buryo twavuze haruguru? Ni izihe mpinduka mbi zabonetse n'impamvu yazo?]
7-Do you think that [your association's] relation with the [name local health center] has changed in any way? Please describe how. Mukeka ko [izina ry'ishyirahamwe] mu mibanire yayo n'ikigo nderabuzima yaba yarahindutse ku buryo ubwo aribwo bwose? Mutunyuriremo muri make uko byifashe kubera iyo kampanye.

8-IF EOI3 WAS A POSITIVE EXPERIENCE: Now that you have had experiences with EOI3, are there other FP activities that you are talking about taking on as [name of association]? Please describe your plans and why you have decided you now want to undertake these particular activities. NIBA KAMPANYE "Buri wese atumire batatu (EOI3)" IFITE UBUNARARIBONYE: Ubwo rero mufite ubunararibonye buturuka kuri Kampanye ya "Buri wese atumire batatu (EOI3)" mubijyanye no gushishikariza abaturage kwitabira gahunda zo kuboneza urubyaro, haba se hari ibindi bikorwa byo kuboneza urubyaro mwaba mwaraganiriyeho mu ishyirahamwe ryanyu muteganya gukora mu minsi iri imbere? Mutubwire imigambi yanyu n'impamvu mwafashe icyemezo cyo gukora ibyo bikorwa bindi byihariye. 9-There is interest in some quarters to extend EOI3 to new districts. Do you have any suggestions to make EOI3 work better? Turabona ari byiza gukomeza kampanye ya "Buri wese atumire batatu (EOI3)"mu tundi turere. Mwaba se mufite ibitekerezo byatuma kampanye ya "Buri wese atumire batatu (EOI3)" yagenda neza kurushaho muri utwo turere dushya? Do you have any questions for me? Mufite se ikibazo cyo kumbaza mbere y'uko dutandukana? Thank you for your time and ideas. Murakoze ku gihe cyanyu mwigomwe n'ibitekerezo byanyu byiza mwatugejejeho. __________ Focus Group Discussion Guide For CHWs Involved in EOI3 Community Activities Inyobora biganiro by'amatsinda y'abajyanama b'ubuzima bagize uruhare mugushyira mu bikorwa gahunda ya: "Buriwese Atumire Batatu EOI3" Health Center linked to the Associations: Ikigo-nderabuzima gikorana n'ishyirahamwe:..... Association represented in FGD: Ishyirahamwe rihagarariwe mu kiganiro:..... Number of FGD participants: Umubare w'abitabiriye ikiganiro:.....

Date of discussion:	
Itariki ikiganiro cyabereyeho:///	[jj/mm/yyyy
Location of discussion:	
Aho ikiganiro cyabereye:	•••••
Interviewer:	
Uvobove ibiganiro:	

Objectives: intego

- Understand how CHW associations and CHW members participated in EOI3.
 Kumva neza uko amashyirahamwe y'abajyanama b'ubuzima n'abayagize bagize uruhare muri kampanye "Buri wese atumire batatu (EOI3)"
- Gather reflections about whether their participation led to:
 Gukusanya ibitekerezo hagamijwe kureba niba uruhare rwabo rwaratumye habaho:
 - a. Individual/personal changes (eg, in view of self as an actor in FP, in how CHWs relate to other women and with men about FP issues), and,

Imihindukire y'umuntu ku giti cye (urugero, kwiyumvamo nk'umuntu w'inararibonye mu kuboneza urubayaro, uko bitwara imbere ya bagenzi babo b'abagabo cg se imbere y'abagore babaturanyi mu bijyanye no kuboneza urubyaro, ndetse n',

- b. Association changes (eg, whether men and women in the community view CHWs differently, whether CHW attitudes towards FP / SDM promotion have changed, whether CHW relationships with health centers have changed).
 - Imihindikire y'ishyirahamwe (aha twavuga niba abaturage baba abagabo cg se abagore niba babona ko hari icyahindutse mu ishyirahamwe kuva iyi gahunda yatangira gushyirwa mu bikorwa), tukareba niba abagabo baganira kenshi mu bijyanye no kuboneza urubyaro mu mashyirahamwe yabo, tukareba niba abagize amashyirahamwe hari icyo bahindutseho mu kuboneza urubyaro/harimo no gukoresha urunigi, tukarebera hamwe n'iba imibanire y'amashyirahamwe n'ibigo nderabuzima yarahindutse).
- 3. Gather perceptions about whether EOI3 campaign led to community changes (eg, whether EOI3 has led to changes in community attitudes towards talking about FP, whether women talk more with women, with men, with their partners about FP).
 - Gukusanya imyumvire mu bijyane n'iba Kampanye ya "Buri wese atumire batatu (EOI3)" hari icyo yahinduye mu baturage (urugero, niba kampanye ya "Buri wese atumire batatu (EOI3)" yaragize icyo ihindura mu kuganira mu bijyanye no kuboneza urubyaro, niba byarongeye imishyikirano hagati y'abagabo bakabiganiraho kenshi, cg se abagabo bakabiganiraho kenshi n'abo bashakanye.)

We are doing an evaluation of EOI3 campaign and as part of the evaluation we are interviewing and holding discussions here and in other communities where EOI3 operated. Your association has been very involved in EOI3 and we would like to talk with you about how you contributed to the campaign and would like to hear your opinions on what changes you observed that occurred because of EOI3.

Turakora isuzuma-bikorwa rya Kampanye ya "Buri wese atumire batatu (EOI3)" ni muri urwo rwego tuganira kandi tukajya impaka n'abagize amashyirahamwe hano iwanyu ndetse n'ahandi hose iyo kampanye yakorewe mu gihugu. Ishyirahamwe ryanyu ryagize uruhare rugaragara akaba ariyo mpamvu dushaka kuganira ku ruhare rwanyu muri iyo kampanye bityo tukaba tugamije kumva neza ibitekerezo byanyu ku mpinduka zaje bitewe na kampanye ya "Buri wese atumire batatu (EOI3)".

We will respect confidentiality and when we share findings later, we will not mention names of any participants. Tuzababikira ibanga kandi ibizava muri iri suzuma bikorwa tuzabibagezaho, nta na rimwe tuzavuga amazina y'abagize uruhare muri iri suzuma bikorwa.

Do you agree to be part of this FGD? (Seek written consent of all participants.)			
Mutwemereye kugira uruhare muri ibi biganiro mpaka? (guharanira kubona umukono w'abaje bose mu			
kiganiro) Yego :Oya :			
Do you agree to my recording this discussion? (Seek written consent of all participants.)			
Mutwemere gufata amajwi iki kiganiro mpaka? (guharanira kubona umukono w'abaje bose mu kiganiro)			
Yego :Oya :			
Questions: Ibibazo			
1-Tell me about [name of association] and why your group decided to became involved in EOI3.			
Mumbwire izina ry'lshyirahamwe ryanyu-Icyo igamije, uko bayijyamo, ibindi- n'impapmvu nyamukuru			
yatumye ishyirahamwe ryanyu ryemera kugira uruhare mu bikorwa bya kampanye "Buri wese atumire batatu (EOI3)".			
2-What kinds of activities did this association do to support EOI3? What kinds of activities were individual CHWs			
involved in? Were these different activities than what CHWs normally do? [Probe individuals in the group to tall about their personal involvement.]			
Ni ibihe bikorwa ishyirahamwe ryanyu ryakoze muri kampanye ya "Buri wese atumire batatu (EOI3)"? Ni ibihe			
bikorwa abanyamuryango banyu (buriwese ku giti cye) bagiyemo muri gahunda ya kampanye "Buri wese			
atumire batatu (EOI3)"? [Gushishikariza abanyamuryango b'itsinda kuvuga uruhare rwabo mu bikorwa "Buri			
wese atumire batatu (EOI3)".]			

3-Do you think that [name of association's] involvement in EOI3 led to changes in the way your association view itself? [Probe roles of the association in FP promotion activities prior to EOI3 and currently and how this has changed CHW perceptions of themselves.] Mukeka ko [izina ry'ishyirahamwe] uruhare ryarwo rwagize impinduka mu nzira y'ishyirahamwe ryiyemeje bwite? [gushishikariza ishyirahamwe kwerekana uruhare rwaryo mu bikorwa byo guteza imbere gahunda zo kuboneza urubyaro mbere y'ibikorwa bya kampanye ya "Buri wese atumire batatu (EOI3)" n'ubu ngubu, no kwerekana ukuntu byahinduye imyumvire y'abajyanama b'ubuzima ubwabo.]
4-Do you think that [name of association's] involvement in EOI3 has led to changes in the way that community women and men view your association? What kinds of changes? Can you give examples? [IF YES: Probe whether association is seen more as a FP resource, whether women and men are seeking info from association members. Probe whether people are seeking info on all methods, including SDM. IF NO: Probe to understand why community has developed negative views of the association post EOI3 campaign.] Mukeka ko uruharery' [izina ry'ishyirahamwe ryabo] muri kampanye "Buri wese atumire batatu (EOI3)" rwagize impinduka mu buryo abagabo ndetse n'abagore babona ishyirahamwe ryanyu ukundi? Ni izihe mpinduka? Mushobora kuduha urugero? [Niba ari yego: Shaka kumenya niba ishyirahamwe baribona nk'aho ryaba umuyoboro wizewe wo kunyuzamo uburyo bwo kuboneza urubyaro (ariko ntiribe gusa iryo gufunga burundu abagabo gusa), no gushaka kumenya niba abagabo cg se abagore batara amakuru yo kuboneza urubyaro binyuze kubagize ishyirahamwe. Gushaka kumenya niba uburyo bwose bwo kuboneza urubyaro busabwa, harimo n'uburyo bw'urunigi. Niba ari oya: gushaka kumenya impamvu abaturage bareba nabi iryo shyirahamwe nyuma ya kampanye]
5-Do you think that EOI3 has led to changes in the way that community women and men talk about FP and vie FP generally? Murakeka ko kampanye ya "Buri wese atumire batatu (EOI3)" yaba yarazanye impinduka mu baturage ku buryo abagore n'abagabo baganira kenshi kubijyanye no kuboneza urubyaro ndetse n'imyumvire ubwayo yo kuboneza urubyaro ikaba yarahindutse muri rusange? 5A-IF YES: What kinds of changes? Can you give examples? [Probe whether EOI3 has led to changes in community members talking publicly about FP, whether men talk more with men, women talk more wi women.] Niba ari yego: ni izihe mpinduka? Mushobora kuduha ingero? [gushaka kumenya niba kampanye ya "Buri wese atumire batatu (EOI3)" yarangize impinduka mu baturage ku buryo baganira ku mugaragan mubijyanye no kuboneza urubyaro, ku buryo abagabo hagati yabo babiganiraho kenshi, ndetse n'abagore hagati yabo bakabiganiraho kenshi.
5B-Do you think the SDM option has had any particular effect in increasing dialogue? If yes: Why? Murakeka ko uburyo bwo gukoresha urunigi rwaba rwarongereye ibiganiro? Niba ari yego: Kubera iki?

Health Center linked to the Associations:

Ikigo-nderabuzima gikorana n'ishyirahamwe:.....

Association represented in FGD:	
Ishyirahamwe rihagarariwe mu kiganiro:	
Number of FGD participants:	
Umubare w'abitabiriye ikiganiro:	
Date of discussion:	
Itariki ikiganiro cyabereyeho:/// [jj/mm/yyyy]
Location of discussion:	
Aho ikiganiro cyabereye:	
Interviewer:	
Uyoboye ibiganiro:	

Objectives: Intego

- Understand how associations and their women members participated in EOI3.
 Kumva neza uko amashyirahamwe y'abashakanye n'abayagize bagize uruhare muri kampanye "Buri wese atumire batatu (EOI3)"
- Gather reflections about whether their participation led to:
 Gukusanya ibitekerezo hagamijwe kureba niba uruhare rwabo rwaratumye habaho:
 - a. Individual/personal changes (eg, in view of self as an actor in FP, in how they relate to other women and with men about FP issues, and how they relate to family members including spouse), and,

Imihindukire y'umuntu ku giti cye (urugero, kwiyumvamo nk'umuntu w'inararibonye mu kuboneza urubyaro, uko bitwara imbere ya bagenzi babo b'abagabo cg se imbere y'abagore babaturanyi mu bijyanye no kuboneza urubyaro, ndetse n',

- b. Association changes (eg, whether men and women in the community view the association differently, whether men talk more about FP in their associations, whether association member attitudes towards FP / SDM have changed, whether member relationships with health centers have changed).
 - Imihindikire y'ishyirahamwe (aha twavuga niba abaturage baba abagabo cg se abagore niba babona ko hari icyahindutse mu ishyirahamwe kuva iyi gahunda yatangira gushyirwa mu bikorwa), tukareba niba abagabo baganira kenshi mu bijyanye no kuboneza urubyaro mu mashyirahamwe yabo, tukareba niba abagize amashyirahamwe hari icyo bahindutseho mu kuboneza urubyaro/harimo no gukoresha urunigi, tukarebera hamwe n'iba imibanire y'amashyirahamwe n'ibigo nderabuzima yarahindutse).
- 3. Gather perceptions about whether EOI3 campaign led to community changes (eg, whether EOI3 has led to changes in community attitudes towards talking about FP, whether women talk more with women, with men, with their partners about FP).

Gukusanya imyumvire mu bijyane n'iba Kampanye ya "Buri wese atumire batatu (EOI3)" hari icyo yahinduye mu baturage (urugero, niba kampanye ya "Buri wese atumire batatu (EOI3)" yaragize icyo ihindura mu kuganira mu bijyanye no kuboneza urubyaro, niba byarongeye imishyikirano hagati y'abagabo bakabiganiraho kenshi, cg se abagabo bakabiganiraho kenshi n'abo bashakanye.)

Introduction/ Consent: Iriburiro/Kubyumva kimwe

We are doing an evaluation of EOI3 campaign and as part of the evaluation we are interviewing and holding discussions here and in other communities where EOI3 operated. Your association has been very involved in EOI3 and we would like to talk with you about how you contributed to the campaign and would like to hear your opinions on what changes you observed that occurred because of EOI3.

Turakora isuzuma-bikorwa rya Kampanye ya "Buri wese atumire batatu (EOI3)" ni muri urwo rwego tuganira kandi tukajya impaka n'abagize amashyirahamwe hano iwanyu ndetse n'ahandi hose iyo kampanye yakorewe mu gihugu. Ishyirahamwe ryanyu ryagize uruhare rugaragara akaba ariyo mpamvu dushaka kuganira ku ruhare rwanyu muri iyo kampanye bityo tukaba tugamije kumva neza ibitekerezo byanyu ku mpinduka zaje bitewe na kampanye ya "Buri wese atumire batatu (EOI3)".

We will respect confidentiality and when we share findings later, we will not mention names of any participants. Tuzababikira ibanga kandi ibizava muri iri suzuma bikorwa tuzabibagezaho, nta na rimwe tuzavuga amazina y'abagize uruhare muri iri suzuma bikorwa.

Do you agree to be part of this FGD? (Seek written consent of all participants.)
Mutwemereye kugira uruhare muri ibi biganiro mpaka? (guharanira kubona umukono w'abaje bose mu
kiganiro) Yego :Oya :Oya :
Do you agree to my recording this discussion? (Seek written consent of all participants.)
Mutwemere gufata amajwi iki kiganiro mpaka? (guharanira kubona umukono w'abaje bose mu kiganiro)
Yego :Oya :Oya :
Questions: Ibibazo
1-Tell me about [name of association] and why your group decided to became involved in EOI3.
Mumbwire izina ry'Ishyirahamwe ryanyu-Icyo igamije, uko bayijyamo, ibindi- n'impapmvu nyamukuru
yatumye ishyirahamwe ryanyu ryemera kugira uruhare mu bikorwa bya kampanye "Buri wese atumire batatu (EOI3)".

2-What kinds of activities did this association do to support EOI3? What kinds of activities were individual CHWs involved in? Were these different activities than what CHWs normally do? [Probe individuals in the group to talk about their personal involvement.]

Ni ibihe bikorwa ishyirahamwe ryanyu ryakoze muri kampanye ya "Buri wese atumire batatu (EOI3)"? Ni ibi bikorwa abanyamuryango banyu (buri wese ku giti cye) bagiyemo muri gahunda ya kampanye "Buri wese atumire batatu (EOI3)"? [Gushishikariza abanyamuryango b'itsinda kuvuga uruhare rwabo mu bikorwa "Buri wese atumire batatu (EOI3)".]
3-As a couple, what was your experience as an EOI3 mobilizer? [Probe: Did you act as couples or act individuals in EOI3 activities? Do you think it is important to work together as a couple in such activities?] Nk'abashakanye, ni ubuhe bunanararibonye bwanyu mu bikorwa bya kampanye"Buri wese atumire batatu EOI3" nk'abashishikariza abandi kwitabira kubeza urubyaro? [gushaka kumenya ko bakobigizemo uruhare nk'abashakanye cg se umuntu ku giti cye? Murakeka ko bifite akamaro gakomeye ngukorera hamwe nk'abashakanye muri iki gikorwa cya kampanye "Buri wese atumire batatu (EOI3)"?
4-Do you think that [name of association's] involvement in EOI3 led to changes in the way your association vie itself? [Probe roles of the association in FP promotion activities prior to EOI3 and currently.] Mukeka ko uruharery' [izina ry'ishyirahamwe ryabo] muri kampanye "Buri wese atumire batatu (EOI3)" rwagize impinduka nk'uko ishyirahamwe ribyumva? [Gushaka kumenya uruhare rw'amashyirahamwe mu guteza imbere ibikorwa byo kuboneza urubyaro mbere ya kampanye n'ubu ngubu.]
5-Do you think that [name of association's] involvement in EOI3 has led to changes in the way that community women and men view your association? What kinds of changes? Can you give examples? [IF YES: Probe whether association is seen as a FP resource, whether women, men, and/or couples are seeking info from association members. Probe whether people are seeking info on all methods, including SDM. IF NO: Probe to understand why community has developed negative views of the association.] Mukeka ko uruharery' [izina ry'ishyirahamwe ryabo] muri kampanye "Buri wese atumire batatu (EOI3)" rwagize impinduka mu buryo abagabo ndetse n'abagore babona ishyirahamwe ryanyu ukundi? Ni izihe mpinduka? Mushobora kuduha urugero? [Niba ari yego: Shaka kumenya niba ishyirahamwe baribona nk'aha ryaba umuyoboro wizewe wo kunyuzamo uburyo bwo kuboneza urubyaro (ariko ntiribe gusa iryo gufunga burundu abagabo gusa), no gushaka kumenya niba abagabo cg se abagore batara amakuru yo kuboneza urubyaro binyuze kubagize ishyirahamwe. Gushaka kumenya niba uburyo bwose bwo kuboneza urubyaro busabwa, harimo n'uburyo bw'urunigi. Niba ari oya: gushaka kumenya impamvu abaturage bareba nabi iryo shyirahamwe nyuma ya kampanye]
6-Do you think that EOI3 has led to changes in the way that community women and men talk about FP and vie

buryo abagore n'abagabo baganira kenshi kubijyanye no kuboneza urubyaro ndetse n'imyumvire ubwayo yo gukoresha urunigi ikaba yarahindutse muri rusange?

6a-IF YES: What kinds of changes? Why does a couples approach or SDM approach make a difference?

Murakeka ko kampanye ya "Buri wese atumire batatu (EOI3)" yaba yarazanye impinduka mu baturage ku

SDM generally?

Can you give examples? [Probe whether EOI3 has led to changes in community members talking publicly

about FP, whether there is more couples discussion of FP issues or whether men see they have different roles in FP because of SDM use.]
Niba ari yego: ni izihe mpinduka? Ni izihe mpamvu uburyo bw'abashakanye ubwabo cg se gukoreha urunigi bitanga akarusho? Mushobora kuduha ingero? [gushaka kumenya niba kampanye ya "Buri wese atumire batatu (EOI3)" yarangize impinduka mu baturage ku buryo abashakanye baganira ku
mugaragaro mubijyanye no kuboneza urubyaro, ku buryo abagabo bibona ku buryo butandukanye muri gahunda zo kuboneza urubyaro bitewe no gukoresha urunigi.
6b-IF NO: What negative changes have been observed and why? Niba ari oya: Ni izihe mpinduka mbi mwabonye n'impamvu yazo?
7-Do you think that [your association's] relation with the [name local health center] has changed in any way? Please describe how.
Mukeka ko [izina ry'ishyirahamwe] mu mibanire yayo n'ikigo nderabuzima yaba yarahindutse ku buryo ubwo Iribwo bwose? Mutunyuriremo muri make uko byifashe kubera iyo kampanye.
B-IF EOI3 WAS A POSITIVE EXPERIENCE: Now that you have had experiences with EOI3, are there other FP activities that you are talking about taking on as [name of association]? Please describe your plans and why you have decided you now want to undertake these particular activities. NIBA KAMPANYE "Buri wese atumire batatu (EOI3)" IFITE UBUNARARIBONYE:
Ubwo rero mufite ubunararibonye buturuka kuri Kampanye ya "Buri wese atumire batatu (EOI3)" mu bijyanye no gushishikariza abaturage kwitabira gahunda zo kuboneza urubyaro, haba se hari ibindi bikorwa byo kuboneza urubyaro mwaba mwaraganiriyeho mu ishyirahamwe ryanyu muteganya gukora mu minsi iri mbere? Mutubwire imigambi yanyu n'impamvu mwafashe icyemezo cyo gukora ibyo bikorwa bindi
oyihariye.[kureba niba kampanye "Buri wese atumire batatu EOI3" yaratumye hitabirwa kuboneza urubyaro ndetse na serivisi zabyo kurusha mbere n'impamvu yabyo.]
9-There is interest in some quarters to extend EOI3 to new districts. Do you have any suggestions to make EOI3 vork better?
Turabona inyungu zo gukomeza kampanye ya "Buri wese atumire batatu (EOI3)"mu tundi turere. Mwaba se mufite ibitekerezo byatuma kampanye ya "Buri wese atumire batatu (EOI3)" yagenda neza kurushaho muri utwo turere dushya?
Do you have any questions for me? Mufite se ikibazo cyo kumbaza mbere y'uko dutandukana?
hank you for your time and ideas: Murakoze ku gihe cyanyu mwigomwe n'ibitekerezo byanyu byiza nwatugejejeho.

Interview Guide

For Providers Involved in EOI3 Activities

Inyobora biganiro by'abatanga serivisi zo kuboneza urubyaro bagize uruhare mu gushyira mu bikorwa gahunda ya: "Buriwese Atumire Batatu EOI3"

Health Center:
Ikigo ndera buzima:
Date of discussion:
Itariki y'ikiganiro://[JJ/MM/YYYY
Interviewer:
Uvobora ikiganiro:

Objectives: Intego

- 1. Understand how providers participated in EOI3 campaign and perceived benefits of the campaign. Kumva neza uko abatanga serivisi zo kuboneza urubyaro bagize uruhare muri kampanye Buriwese Atumire batatu EOI3 n'uko babona ibyiza by'iyo kampanye.
- 2. Learn about provider perceptions of changes in their services that occurred due to EOI3 activities, including: bringing new users to FP, attitudes / motivation of women who arrived with invitation cards, health center/provider communication and collaboration with CHWs and associations involved in EOI3, and male involvement.
 - Kwiga neza uko abatanga serivisi bumva imihindukire yo kutanga serivisi zabo nyuma ya kampanye, aha twavuga: Ubwitabire bwo kuboneza urubyaro ku bantu bashya, imitwarire n'igishishikaza abagore baza bitwaje ubutumire ku kigo nderabuzima/kumva neza imikoranire no guhana amakuru n'abajyanama b'ubuzima ndetse n'amashyirahamwe yitabirirye kampanye, ndetse no kumva neza uruhare rw'abagabo.
- 3. Gather perceptions about whether EOI3 campaign led to community changes (eg, whether EOI3 has led to changes in community members talking publicly about FP, whether men talk more with men, with women, with their partners about FP).
 - Gukusanya ibitekerezo mu bijyanye no kumenya niba kampanye yarazanye impinduka mu baturage (urugero: niba kampanye yaratumye abaturage baganira mu byo kuboneza urubyaro ku mugaragaro, niba abagabo babyungurana ibitekerezo hagati yabo cg se n'abagore, ndetse niba abashakanye babiganiraho)
- 4. Learn about provider perceptions of the role played by linked Associations in FP promotion and general health benefits at community level.
 - Gusobanukirwa neza uko abatanga serivisi bumva uruhare ry'amashyirahamwe yiyemeje guteza imbere gahunda zo kuboneza urubyaro, n'inyungu z'ubuzima ku rwego rw'abaturage muri rusange.

Introduction/ Consent: Iriburiro/Kubyumva kimwe

We are doing an evaluation of EOI3 campaign and as part of the evaluation we are interviewing and holding discussions here and in other communities where EOI3 operated. Your association has been very involved in

EOI3 and we would like to talk with you about how you contributed to the campaign and would like to hear your opinions on what changes you observed that occurred because of EOI3.

Turakora isuzuma-bikorwa rya Kampanye ya "Buri wese atumire batatu (EOI3)" ni muri urwo rwego tuganira kandi tukajya impaka n'abagize amashyirahamwe hano iwanyu ndetse n'ahandi hose iyo kampanye yakorewe mu gihugu. Ishyirahamwe ryanyu ryagize uruhare rugaragara akaba ariyo mpamvu dushaka kuganira ku ruhare rwanyu muri iyo kampanye bityo tukaba tugamije kumva neza ibitekerezo byanyu ku mpinduka zaje bitewe na kampanye ya "Buri wese atumire batatu (EOI3)".

We will respect confidentiality and when we share findings later, we will not mention names of any participants. Tuzababikira ibanga kandi ibizava muri iri suzuma bikorwa tuzabibagezaho, nta na rimwe tuzavuga amazina y'abagize uruhare muri iri suzuma bikorwa.

Do you agree to be part of this FGD? (Seek written consent of all participants.)								
Mutwemereye kugira uruhare muri ibi biganiro mpaka? (guharanira kubona umukono w'abaje bose mu								
kiganiro) Yego :Oya :								
Do you agree to my recording this discussion? (Seek written consent of all participants.)								
Mutwemere gufata amajwi iki kiganiro mpaka? (guharanira kubona umukono w'abaje bose mu kiganiro)								
Yego :Oya :								
Questions: Ibibazo								
1-Can you tell me about strategies your health center uses to increase FP use, in addition to EOI3? Mushobora kumbwira ingamba ikigo nderabuzima cyanyu cyafashe kugira ngo kuboneza urubayro byiyongere, mu rwego rwo kunganira kampanye "Buriwese Atumire Batatu EOI3?"								
2-Can you tell me about what kinds of activities this health center did/is doing to support EOI3 in this community? What kinds of activities were you personally involved in?								
Mushobora kumbwira ibikorwa ry'iki kigo nderabuzima ku baturage banyu muri kampanye "Buriwese Atumire Batatu EIO3"? Mwese ubwanyu ni ibihe bikorwa mwagizemo uruhare?								
3-Do you think that EOI3 was effective in bringing new people to the health center in search of FP? Could you explain why you think this? Can you give examples?								
Murakeka ko kampanye "Buriwese Atumire Batatu EOI3" bagize akamaro mu gutuma abantu bashya bitabira gahunda zo kuboneza urubyaro ku kigo ndera buzima? Mushobora kumbwira impamvu y'akamaro ka kampanye? Mushobora kumpa ingero?								
4-Was there anything different about women who arrived at the health center with an invitation card compared to your regular FP clients? IF YES: Can you explain the difference and give me an example or two? [<i>Probe</i>								

whether the women had different attitudes and motivations. Were they seeking different methods than regular

clients? Did they have specific methods in mind before they came to the clinic and was this any different than regular clients?1 Hari se ikintu kidasanzwe kiranga abagore bagana ikigo nderabuzima baje kuboneza urubyaro bushya bitwaje ubutumire ugereranije n'abasanzwe baza ku kigo nderabuzima muri gahunda yo kuboneza urubyaro? Niba ari yego: Watanga se ibisobauro w'ifashishije urugero rumwe cg se ebyeri? [gushaka kumenye niba abo bagore bitwara bidasanzwe ca se bafite impamvu ibibashishikariza. Bifuza se uburyo butandukanye ugereranije n'aba kiliya basanzwe? Baba se bari basanzwe bazi ubundi buryo bwihariye bwo kuboneza urubyaro mbere y'uko baza ku kigo nderabuzima , bitihi se kumenya uburyo bwihariye byaba bitandukanye n'uko abadusanganye babizi?]..... 5-FOR CENTERS COLLABORATING WITH MALE OR COUPLE ASSOCIATIONS: Tell me about men's reactions to EOI3. Did men come with invitation cards for FP services? Did they come alone or with their partners? If yes: Is this typical for your health center to have men and/or couples come for FP services? If no: Why do you think men who received cards did not come for services? KU BIGO BIKORANA N'AMASHYIRAHAMWE Y'ABAGABO CG SE ABASHAKANYE: Mbwira icyo abagabo batekereza kuri kuri kampanye "Buriwese Atumire Batatu EOI3". Ese abagabo baba barigeze bazana ubutumire mu gushaka serivisi zo kuboneza urubyaro? Baba baraje bonyine cg se bazanye n'abafasha babo? Niba ari yego: Byaba se bidasanzwe kubona abagabo cg se abashakanye bazana gusaba serivisi zo kuboneza urubyaro ku kigo ndera buzima cyanyu? Ni ba ari oya: murakeka ko abagabo baba barabujijwe n'iki kuzana ubutumire mu gusaba serivisi zo kuboneza urubyaro? 6-FOR CENTERS COLLABORATING WITH CHW ASSOCIATIONS: EOI3 worked by CHWs and other associations handing out invitation cards to friends not using FP methods. Interested persons then came to your health center for more information and services. Working together in this way, did your relationship change with the CHWs? In what ways? KU BIGO NGERABUZIMA BIKORANA N'AMASHYIRAHAMWE Y'ABAJYANAMA B'UBUZIMA: kampanye yakoze n'amashyirahamwe y'abajyana b'ubuzima ndetse n'abandi, batumiye abantu batari basanzwe bari muri gahunda yo kuboneza urubyaro. Bityo, ababishatse baje ku kigo nderabuzima gusaba izo serivisi. Gukora muri ubu buryo, byaba byarongeye imikoranire yanyu n'abajyanama b'ubuzima? Muzihe nzira? 7-What was your experience working with community associations? Did your relationships change in any way? Ni ubuhe bunararibonye bwanyu mu gukorana n'amashyirahamwe y'abaturage? Imibanire yanyu n'amashyirahamwe yaba yarahindutse uko bimeze kose? 7a-IF WORKING WITH MEN'S ASSOCIATION: In particular, was there any change in the way you interacted with men? If yes, please give an example or two.

NIBA HARI IMIKORANIRE N'AMASHYIRAHAMWE Y'ABAGABO: Ku buryo bw'umwihariko, haba se hari imihindukire mu gukorana n'abagabo? Niba ari yego, tanga urgero cg se

ebyiri
B-Do you think that EOI3 has led to changes in the way that community women and men talk about FP and view if generally? If yes: What kinds of changes? Can you give examples? [Probe whether EOI3 has led to changes in community attitudes towards talking about FP, whether men talk more with men, women talk more with women.]
Murakeka ko kampanye ya "Buri wese atumire batatu (EOI3)" yaba yarazanye impinduka mu baturage ku buryo abagore n'abagabo baganira kenshi kubijyanye no kuboneza urubyaro ndetse n'imyumvire ubwayo yo kuboneza urubyaro ikaba yarahindutse muri rusange? Niba ari yego: ni izihe mpinduka? Mushobora kuduha ngero? [gushaka kumenya niba kampanye ya "Buri wese atumire batatu (EOI3)" yarangize impinduka mu paturage ku buryo baganira ku mugaragaro mubijyanye no kuboneza urubyaro, ku buryo abagabo hagati yabo babiganiraho kenshi, ndetse n'abagore hagati yabo bakabiganiraho kenshi.]
9-Have you noticed any changes in numbers of SDM users since you introduced EOI3? Mwaba se mwarabonye ko umubare w'abakoresha urunigi waba wariyongereye kuva mwarakoresheje sampnaye "Buriwese Atumire Batatu EOI3"?
O-As a method that involves women and men, do you think SDM has had any particular effect in increasing lialog on FP? Why do you say this? Nk'uburyo bukenerwa abagore n'abagabo mugufatanye, urakeka ko uburyo bw'urunigi bwaba bwarongeye mishyikirano (ibiganiro) mu kuboneza urubyaro? Kuki muvuze ibyo?
1-There is interest in some quarters to extend EOI3 to new districts. Do you have any suggestions to make COI3 work better? Turabona inyungu zo gukomeza kampanye ya "Buri wese atumire batatu (EOI3)"mu tundi turere. Mwaba se nufite ibitekerezo byatuma kampanye ya "Buri wese atumire batatu (EOI3)" yagenda neza kurushaho muri utwo turere dushya?
o you have any questions for me? Mufite se ikibazo cyo kumbaza mbere y'uko dutandukana?

Thank you fo	r your	time	and id	deas																
	Mur	akoze	ku gi	ihe cy	anyι	ı mw	igor	nwe	n'ib	iteke	erezo	bya	nyu l	byiza	a m	watı	ugej	jeje	ho.	
=	====	====	===	===	:==:	===	==:	===	==	===	==:	===	===	===	= =	==	==	==	= =	==

Interview Guide

For Women who became FP users after presenting invitation cards to health center providers or CHWs Inyobora kiganiro n'umugore wayobotse kuboneza urubyaro yarabonye ubutumire bw'umujyanama w'ubuzima cg se bw'utanga serivisi zo kuboneza urubyaro, bityo akagana ikigo-nderabuzima agamije kuboneza urubyaro.

Health Center:	
lkigo ndera buzima:	
Date of discussion:	
Itariki y'ikiganiro:///	[JJ/MM/YYYY]
Interviewer:	
Uyobora ikiganiro:	

Objectives:Intego

- Understand how women heard about and participated in EOI3 campaign.
 Kumva neza uko abagore bamenye kandi bakitabira kampanye Buriwese Atumire batatu EOI3
- 2. Understand whether women perceived benefits of the campaign from a personal and community perspective.
 - Kumva neza uko abagore babona ibyiza by'iyo kampanye, ku giti cyabo ndetse mu mubaturage.
- 3. Gather perceptions about whether EOI3 campaign led to community changes (eg, whether EOI3 has led to changes in community attitudes towards talking about FP, whether men talk more with men, with women, and/or with their partners about FP, and whether people feel more linked to health services now).
 - Gukusanya ibitekerezo mu bijyanye no kumenya niba kampanye yarazanye impinduka mu baturage (urugero: niba kampanye yaratumye abaturage baganira mu byo kuboneza urubyaro ku mugaragaro, niba abagabo babyungurana ibitekerezo hagati yabo cg se n'abagore, ndetse niba abashakanye babiganiraho, no gushaka kumenya niba abantu benshi baritabiriye kugira izo serivisi izabo)

Introduction/ Consent:

We are doing an evaluation of EOI3 campaign and as part of the evaluation we are interviewing and holding discussions with people here and in other communities where EOI3 operated. You were involved in this campaign because you received an invitation card and then sought out FP services. We would like to talk with you about this experience.

Turakora isuzuma-bikorwa rya Kampanye ya "Buri wese atumire batatu (EOI3)" ni muri urwo rwego tuganira kandi tukajya impaka n'abagize amashyirahamwe hano iwanyu ndetse n'ahandi hose iyo kampanye yakorewe

mu gihugu. Mwagize uruhare rugaragara muri kampanye kubera ko mwabonye ikarita y'ubutumire bityo muza gushaka serivisi zo kuboneza urubyaro. Turashaka kuganira rero ku bunanararibonye bwanyu. We will respect confidentiality and when we share findings later, we will not mention names of any participar Tuzababikira ibanga kandi ibizava muri iri suzuma bikorwa tuzabibagezaho, nta na rimwe tuzavuga amazina y'abagize uruhare muri iri suzuma bikorwa. Do you agree to be part of this interview? (Seek written consent of participant.) Mutwemereye kugira uruhare muri iki kiganiro? (guharanira kubona umukono w'abaje bose mu kiganiro) Yego :Oya :
Questions: Ibibazo
1-Tell me a little about yourself – how long you have lived here and your family situation. Mushobora se kutwibwira, mu meze mute? Umuryango wanyu uraho?
2-Can you talk about your experience with the invitation card: Mushobora se kutubwira ubunararibonye bwanyu n'ikarita y'ubutumire: 2A. How did you get one of the EOI3 invitation cards? Who gave you the card (what is their relation t you)? Amakarita y'ubutumire yabagezeho ate? Ninde wayibahaye (mupfana iki?)
2B. At the time, what did you think about being given a card like this? Icyo gihe, mwifashe mute muhawe ikarita y'ubutumire kuri ubwo buryo?
2C. What did you do with the card after? Probe: Did you show it to others? Why or why not? If yes: w did you share it with (what is their relation to you)? What was their reaction? Nyuma yaho se ikarita mwayimajije iki? Gushaka kumenya: Ese mwayeretse abandi? Kubera iki yeg cg se oya? Niba ari yego: Wabisangije bande? (mupfana iki?) Babyitwayemo bate?
Tuzababikira ibanga kandi ibizava muri iri suzuma bikorwa tuzabibagezaho, nta na rimwe tuzavuga amazina y'abagize uruhare muri iri suzuma bikorwa. Do you agree to be part of this interview? (Seek written consent of participant.) Mutwemereye kugira uruhare muri iki kiganiro? (guharanira kubona umukono w'abaje bose mu kiganiro) Yego :

3- Do you think that invitation cards motivate people to go to [health center] or the local community health agent for FP information? Why or why not?

Mukeka ko se gutanga ikarita z'ubutumire bishishikariza abaturage kugana ibingo nderabuzima cg se umukozi muturanye wo mu by'ubuzima kugira ngo baguhe amakuru mu bijyanye no kuboneza urubayaro?

Kubera iki yego cg se oya?
4-Do you think that EOI3 has led to changes in the way that community women and men talk about FP in this community?
Mukeka ko kampanye yagize impinduka mu bagore n'abagabo mu rwego rwo kuganira ku buryo bwo kuboneza urubyaro mu baturage?
4A: IF YES: What kinds of changes? Can you give examples? [Probe whether EOI3 has led to changes in community attitudes towards talking about FP, whether men talk more with men, whether women talk more with women.]
Niba ari yego: Ni izihe mpinduka? Mushobora gutanga ingero? [gushaka kumenya niba kampanye ya "Buri wese atumire batatu (EOI3)" yarangize impinduka mu baturage ku buryo baganira ku mugaragaro mubijyanye no kuboneza urubyaro, ku buryo abagabo hagati yabo babiganiraho kenshi,
ndetse n'abagore hagati yabo bakabiganiraho kenshi.]
4B- IF NO: Why do you think that such an approach did not lead to more discussion? NIBA ARI OYA: Ni izihe mpamvu zatumye ubu buryo budatuma babujyaho impaka cyane?
NIBA AKI OTA. NI IZINE INPANIVU Zatulilye ubu buryo budatuma babujyano impaka cyane:
4C Have you noticed any negative changes resulting from EOI3 and the use of invitation cards? IF YES: Please describe.
Haba se hari ikibi mwaba mwarabonye cyazannye na kampanye "Buriwese Atumire BatatuEOI3 ndetse no gukoresha ikarita y'ubutumire? Niba ari yego: Tunyuriremo muri make.
5-There is interest in some quarters to extend EOI3 to new districts. Do you have any suggestions to make EOI3 work better?

Turabona inyungu zo gukomeza kampanye ya "Buri wese atumire batatu (EOI3)" mu tundi turere. Mwaba se mufite ibitekerezo byatuma kampanye ya "Buri wese atumire batatu (EOI3)" yagenda neza kurushaho muri utwo turere dushya?

6-Would you be comfortable giving invitation cards to your friends/peers who are not yet using any FP method?
Why or why not?
Murumva ntacyo byabatwara gutanga amakarita ku ncuti zanyu/bagenzi banyu bataritabira uburyo ubwo
aribwo bwose bwo kunoza urubyaro? Impamvu ari yego cg se oya?
Do you have any questions for me?
Mufite se ikibazo cyo kumbaza mbere y'uko dutandukana?
Thank you for your time and ideas!
Murakoze ku gihe cyanyu mwigomwe n'ihitekerezo hyanyu hyiza mwatugejejeho.